MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

65385

Reg. Dist. No. 214

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Silver Spring.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Linden
STREET ADDRESS (If rural give location) Silver Spring.

3. NAME OF DECEASED (Type or Print): (First) Agnes (Middle) L. (Last) Askins

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Nov. 1875 | 9. AGE last birthday: 77 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brookeville, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Henry Johnson Md

14. MOTHER'S MAIDEN NAME: Mary Bright Md

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Susie Askins -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Nephritis	2 yrs
	(c)	

5/24

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on May 9, 1952 and that death occurred at 1:05 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Calvin B. LeCompte | ADDRESS 61 R St NE | DATE SIGNED 5/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 5/13/52 | NAME OF CEMETERY OR CREMATORY Mt. Zion | LOCATION (City, town, or county) (State) Silver Spring, Md

DATE REC'D BY LOCAL REG. 5/13/52 | REGISTRAR'S SIGNATURE Frances Potter | 24. FUNERAL DIRECTOR Robert L. Snowden | ADDRESS Rockville, Md

is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 15 1952
BUREAU V. S.

05386

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 5318 Reno Road, N. W.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) C. (Last) BALLANTYNE
4. DATE OF DEATH (Month) May (Day) 25 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept 1, 1889
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dealer
10b. KIND OF BUSINESS OR INDUSTRY Book Industry
11. BIRTHPLACE (State or foreign country) Washington, D. C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Bushnell
14. MOTHER'S MAIDEN NAME Margaret E. Ballantyne

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Madeline Ballantyne 5318 Reno. Rd. N. W. Wash.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) acute Coronary Occlusion	48 hrs
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Heart Disease	2 yrs.
	(c) atheco-sclerosis	5 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 1952, to May 25, 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Sidney C. Bouairis M.D. 392 Ingomar St. N.W. Wash. D.C. 5-28-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/29/52
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 5/27/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR ADDRESS Joseph Gawler's Sons 1756 Pa. Ave. Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15387

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 9 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Cecil

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bainbridge

STREET ADDRESS (If rural, give location): Bainbridge Village, Apt. 12

3. NAME OF DECEASED: (Type or Print) (First) Christopher (Middle) Allen (Last) BARNES

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Single	April 30, 1952	00 yrs.	00	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - - - -	Maryland - Cecil Co.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Allen Carl BARNES	Dorothy JENSEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - - -	- - - - - - - - -	Father: Allen C. BARNES,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) ASPHYXIA DUE TO ASPIRATION OF GASTRIC CONTENTS	
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) TRACHEO-ESOPHAGEAL FISTULA, TYPE IV	
	(c)	

756.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
6 May 1952	TRACHEO-ESOPHAGEAL FISTULA, TYPE IV	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 5, 19 52, to May 14, 19 52, that I last saw the deceased alive on May 14, 19 52, and that death occurred at 8:50 P m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

L. E. TURBOW, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. May 15, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	May 15, 1952		Kinsley, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
May 15, 1952	Ellick W. Hollingsworth	R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

VS. A10 8-51

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RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05388

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville md 3. LENGTH OF STAY (in this place) all life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Rockville md R.F.D. B
STREET ADDRESS — (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur (Middle) Claud (Last) Barnett
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Singer
8. DATE OF BIRTH 4-16-52
9. AGE last birthday ✓ 18 days — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Stallard Barnette
14. MOTHER'S MAIDEN NAME Grace Johnson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY No. —
17. INFORMANT AND ADDRESS Grace Johnson Barnette Rockville md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronco-pneumonia — Found dead in bed.

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. History of "head cold" — 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 5-4-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF May 5 1952 — NAME OF CEMETERY OR CREMATORY Laytonsville md — LOCATION (City, town, or county) Montgomery CO (State) md

DATE REC'D BY LOCAL REG. 5-5-52 — REGISTRAR'S SIGNATURE Gertrude B. Fowler — 24. FUNERAL DIRECTOR Roy W. Barber — ADDRESS Laytonsville md

2042347363

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M C I T VS. AIDA

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 05389

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney; LENGTH OF STAY 3 wks (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Mont. Co. Gen. Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Browningsville; STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Casandra	Elizabeth	Beall	May	3	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Dec. 29, 1866	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Browningsville, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert E. Burdette	Eveline Purdum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	---	Lansdale Burdette, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral thrombosis	Apr. 8, '52
8324 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis	app 15 yrs
(c) Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 1935, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 9:00p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. McKendree Boyer M.D. ADDRESS Druid Theatre Building, Damascus, Maryland. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 6, 1952	Bethesda Cemetery	Browningsville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-5-52	Gertrude B Lawler	Olin L. Molesworth, Damascus, Md.

VS. A15 T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 12 1952
BUREAU V. S.

90

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg. — LENGTH OF STAY (in this place) 5 in 5 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE aryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) Maria (Last) Beers
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: May 19/1872
9. AGE last birthday: 80 yrs. — If under 1 year: Months 0 Days 9 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife
10b. KIND OF BUSINESS OR INDUSTRY: Home Work
11. BIRTHPLACE (State or foreign country): Clarion Co. Pa.
12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME: Isaac Ferringer.
14. MOTHER'S MAIDEN NAME: Hannah F. Reister
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: James Wellington Beers, Gaithersburg

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis I. — 45 minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial Infarction — unknown

(c) Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 28, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 6 45 a m., from the causes and on the date stated above.

SIGNATURE: Jack Schumacher (Degree or title) M. D. — ADDRESS: Gaithersburg, Md. — DATE SIGNED: May 28, '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/31/52 — NAME OF CEMETERY OR CREMATORY: Forest Oak — LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: May 29, 1952 — REGISTRAR'S SIGNATURE: Alsuda G. Cooke

24. FUNERAL DIRECTOR: Ernest C. Gartner, Gaithersburg, Md. — ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 91

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 85 Yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8750 Rockville Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8750 Rockville Pike

3. NAME OF DECEASED (Type or Print): (First) Louis (Middle) A. (Last) BLUNDON

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 8-16-1864

9. AGE last birthday: 87 yrs. — If under 1 year: Months 9 — Days 1 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet worker-ret

10b. KIND OF BUSINESS OR INDUSTRY: U.S.Govt.

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph A. Blundon

14. MOTHER'S MAIDEN NAME: Anne V. Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Mabel Blundon-same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Arteriosclerosis, generalized	10 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Diabetes	12 years
	(c)	Senility	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 44, to 5/17, 1952, that I last saw the deceased alive on 5/15, 1952, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE: Ernest Benjamin, M.D. (Degree or title) — ADDRESS: Bethesda 14, Maryland — DATE SIGNED: 5/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE THEREOF: May 17, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Crematory — LOCATION (City, town, or county) (State): Prince Geo. Co. Maryland

DATE REC'D BY LOCAL REG. 5/17/52 — REGISTRAR'S SIGNATURE: Jessie M. Thompson — 24. FUNERAL DIRECTOR: Robert C. Dunkerley — ADDRESS: Bethesda, Md.

RECEIVED
MAY
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY CO. GEN'L HOSPITAL INC.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) R # 4

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Frank (Last) Boswell

4. DATE OF DEATH (Month) May (Day) 7 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 5-25-1876

9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer - Dairy

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Edward Boswell

14. MOTHER'S MAIDEN NAME Mary Katherine Hill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchial Asthma — years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6, 1952, to 5/7, 1952, that I last saw the deceased alive on 5/7, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. ADDRESS Sandy Spring DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 5/10/52 — NAME OF CEMETERY OR CREMATORY [illegible] — LOCATION (City, town, or county) Rockville (State) Md.

DATE REC'D BY LOCAL REG. 5-8-52 — REGISTRAR'S SIGNATURE Gertrude B. Lawler

24. FUNERAL DIRECTOR [illegible] — ADDRESS [illegible]

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MAY 14 1952
DUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'93

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 6039 River Road

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Channie Bowen
4. DATE OF DEATH (Month) (Day) (Year): 5 - 11 - 1952

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 3-7-?
9. AGE last birthday: circa 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ?
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Myrtle Middleton - 14 S St. S.E. Apt. 26 Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiovascular Collapse

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiorenal Disease

(c) Diabetes mellitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1952, to 11 May, 1952, that I last saw the deceased alive on 11 May, 1952, and that death occurred at 7:15 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Suburban Hospital, Bethesda, Md — DATE SIGNED: 12 May '52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/11/52 — NAME OF CEMETERY OR CREMATORY: Mt. Zion — LOCATION (City, town, or county) (State): Silver Spring, Md

DATE REC'D BY LOCAL REG.: 5/12/52 — REGISTRAR'S SIGNATURE: Bessie 17th W. Everett — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible]

M Thompson

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 94

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 5 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland COUNTY: Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale

STREET ADDRESS (If rural, give location): 5718 63rd Avenue ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Andrea Lynn BOWERS	May 20, 19 52	Female	White	Single	May 15, 1952	00 yrs.	00 / 05	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Allen A. BOWERS	Ann Louise MIKUSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO - - - -	- - - - - - -	Father: Allen A. BOWERS,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Heart Failure	
7540 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Congenital Heart Disease, Cyanotic	5 days
	DUE TO (c) Type, Cor Triloculare, Tetralogy of Fallot	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1952, to May 20, 1952, that I last saw the deceased alive on May 20, 1952, and that death occurred at 3:25 A.m., from the causes and on the date stated above.

SIGNATURE: C. L. Waite — (DEGREE OR TITLE) ADDRESS: C. L. WAITE, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: May 20, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	May 20, 1952	U.S. Naval Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 20, 1952	Edith Whittington	None	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Prince George's

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sunnybrook

STREET ADDRESS (If rural, give location): 5504 Volta Avenue

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) Cavanaugh (Last) BROWN

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 29, 1902

9. AGE last birthday: 49 yrs. — IF UNDER 1 YEAR: Months 05 — IF UNDER 24 HRS.: Days 02, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Claude BROWN

14. MOTHER'S MAIDEN NAME: Elizabeth STRAHAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES — **(If Yes, give war or dates of service)** WW II

16. SOCIAL SECURITY NO.: - - - - - - - -

17. INFORMANT & ADDRESS: Mother: Elizabeth BROWN,

18. MEDICAL CERTIFICATION same as item # 2

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		
Immediate cause	(a) Bronchopneumonia, Bilateral	4 days
527.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cor pulmonale	5 years
	DUE TO (c) Emphysema, pulmonary	10 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) M.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 19 52, to May 31, 19 52, that I last saw the deceased alive on May 31, 19 52, and that death occurred at 9:50 P.m., from the causes and on the date stated above.

SIGNATURE: H. A. SPARKS, LT, MC, USN — (DEGREE OR TITLE) — ADDRESS: U. S. Naval Hospital, Bethesda, Md. — DATE SIGNED: June 1, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — **DATE THEREOF:** June 3, 1952 — **NAME OF CEMETERY OR CREMATORY:** Cedar Hill Cemetery — **LOCATION (City, town, or county) (State):** Suitland, Maryland

DATE REC'D BY LOCAL REG.: June 1, 1952 — **REGISTRAR'S SIGNATURE:** Elsie Wellington

24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Funeral Home, 517 11th Street, SE, Washington, D.C.

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JUN 3 1952
BUREAU V. S.

Items 3, 11 Film 142 5/21/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
LENGTH OF STAY (in this place) 1 yr. 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Marylander Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Germantown
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marion	Eleanor (Yoder)	Brunner	May	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widowed	7-26-1879	72 yrs.	9	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Public Schools	Gaetano, Kansas.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jocelyn Z. Yoder	Phebe E. Tallman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No —	—	Rest Home Records - Germantown, MA

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Arteriosclerotic Heart Disease	4 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, Generalized	Many yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐	Not While At work ☐	HOW DID INJURY OCCUR?
			m.			

22. I hereby certify that I attended the deceased from Sept., 1951, to May 12, 1952, that I last saw the deceased alive on Apr. 28, 1952, and that death occurred at 5:10 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Gaithersburg, Md.	May 15, '52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
CREMATION	May 15, 1952	Ft. Lincoln Crematory	Bladensburg,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 13, 1952	Alinda L. Cooke	Ernest R. Gaetano	Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15

RECEIVED
MAY 15 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. MD 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park, Md. — LENGTH OF STAY (in this place): mo 10 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington Sanitarium and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Burke
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday: IF UNDER 1 YEAR Months Days / IF UNDER 24 HRS. Hours Min.
Fannie None Bryce	5 18 1952	female	white	Widow	2-21-76	76 yrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none		Virginia	Amer.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Charles L. Stewart	Henrietta Howard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Washington San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple liver abscesses, focal peritonitis	4 weeks
155X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) carcinoma of gallbladder & H obstruction	
	DUE TO (c) jaundice	2 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
4/16/52	cholelithiasis, cholecystitis, carcinoma of gallbladder	Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/8, 1952, to 5/18, 1952, that I last saw the deceased alive on 5/16, 1952, and that death occurred at 9:28 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Andrew Brennwald M.D. Takoma Park Md 5/18/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 20-1952	Fairfax	Fairfax Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 18-1952	J. Wilson Dodd	R. W. Dudley, Jr.	809 King St. Alexandria, Va.

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MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park; LENGTH OF STAY (In this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 100 Sligo Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 100 Sligo Mill Rd

3. NAME OF DECEASED (Type or Print): (First) Lewis; (Middle) Jamison; (Last) Chatten
4. DATE OF DEATH: (Month) May; (Day) 28; (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married
8. DATE OF BIRTH: 18 Feb 1897
9. AGE last birthday: 55 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Business Man
10b. KIND OF BUSINESS OR INDUSTRY: Law
11. BIRTHPLACE (State or foreign country): New Jersey
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Chatten
14. MOTHER'S MAIDEN NAME: Jane Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 1917-1918
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: 100 Sligo Mill Rd Margaret P. Chatten - Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchogenic carcinoma with metastasis to brain — Interval Between Onset and Death: 14 mo

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 10, 1952, to May 28, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 5:35 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
M F Ottman MD 401 Kennedy St NW Wash DC May 28, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation
DATE THEREOF: 31-May 1952
NAME OF CEMETERY OR CREMATORY: Cedar Hill
LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: 5-29-52
REGISTRAR'S SIGNATURE: J. Hilton Dodd
24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Co. 1400 Chapin St. NW Wash. D.C.

RECEIVED
JUN 2 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 223

20A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash Sam. + Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 707 Ludlow St
STREET ADDRESS (If rural, give location) Takoma Park

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) (Last) Chernick

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH ? 1877
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.G.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Hosp record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. dead on arrival at Hosp.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Yaitherburg Md
DATE SIGNED 5-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 18, 1952
NAME OF CEMETERY OR CREMATORY Montipre Cemetery
LOCATION (City, town, or county) (State) Springfield, L.I.

DATE REC'D BY LOCAL REG. May 16-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd X
24. FUNERAL DIRECTOR B. Kanzansky & Son
ADDRESS Wash. D.C. 3501-14 St NW.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney
LENGTH OF STAY (in this place) 30Da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg, Co, General Hosp,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RUBY (Middle) MAY (Last) COLLIER
4. DATE OF DEATH (Month) 5 (Day) 15 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]
8. DATE OF BIRTH May 15/1912
9. AGE last birthday 40 yrs. If under 1 year Months 0 Days 0 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home Work
11. BIRTHPLACE (State or foreign country) Clear Spring, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Victor G. Funkhouser
14. MOTHER'S MAIDEN NAME Zora Trumpborn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Warner V. Collier. Gaithersburg. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of Liver (Metastatic)	5 months
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Adenocarcinoma of Sigmoid Colon	6 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb. 15, 1952
19b. MAJOR FINDINGS OF OPERATION Annular Carcinoma of Sigmoid Colon
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 10, 1952, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 10 00 p.m., from the causes and on the date stated above.

SIGNATURE Jack Schumacher (Degree or title) M.D. ADDRESS Gaithersburg, Md. DATE SIGNED May 16, 52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5/17/52
NAME OF CEMETERY OR CREMATORY Fort Lincoln Crematory
LOCATION (City, town, or county) (State) Bladensburg. Md,

DATE REC'D BY LOCAL REG. May 17, 1952
REGISTRAR'S SIGNATURE Almeda G. Cooke
24. FUNERAL DIRECTOR ERNEST C. CARLNER. ADDRESS Gaithersburg Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
MAY 20 1952
BUREAU V. S.

MAIN IN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4702 Hunt Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 4702 Hunt Ave.

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) A. (Last) COSGROVE

4. DATE OF DEATH (Month) May (Day) 5, (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 4-8-1893

9. AGE last birthday 59 yrs. If under 1 year Months 0 Days 27 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer-Self Employed

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Massachusetts

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Patrick Cosgrove

14. MOTHER'S MAIDEN NAME Mary Miller ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Rose Lodge Cosgrove- same as item # 2.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	7 days
	(c) Carcinoma of Colon with extensive liver metastases	3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Nov. 1949

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Colon

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 1951, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 9:00 P.m., from the causes and on the date stated above.

SIGNATURE Thomas G. N. Kindman (Degree or title) M.D. ADDRESS Kensington, Md. DATE SIGNED 5/6/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 8, 1952

NAME OF CEMETERY OR CREMATORY St. Mary's

LOCATION (City, town, or county) (State) Rockville, Maryland

DATE REC'D BY LOCAL REG. 5/6/52

REGISTRAR'S SIGNATURE Lucie M. Thompson

24. FUNERAL DIRECTOR Robert E. Coughlin ADDRESS Bethesda, Md.

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MAY 8 19
BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH 102

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood; LENGTH OF STAY (In this place) 8 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. # 1 (Olney)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Mont; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Derwood; STREET ADDRESS (If rural, give location) R.F.D. # 1 (Olney)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Crockett (Last) Cox

4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 1886 March

9. AGE last birthday: 66 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor

10b. KIND OF BUSINESS OR INDUSTRY: M. Co. Roads

11. BIRTHPLACE (State or foreign country): W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cox

14. MOTHER'S MAIDEN NAME: Bertha McFarland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 227-24-3026

17. INFORMANT AND ADDRESS: Maria Cox (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bowerhart (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 5-28-52

23. BURIAL, CREMATION, REMOVAL. Specify: Burial — DATE THEREOF: May 31 1952 — NAME OF CEMETERY OR CREMATORY: Mt Carmel — LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: 5-29-52 — REGISTRAR'S SIGNATURE: Gertrude B Fowler

24. FUNERAL DIRECTOR: Roy W Barber — ADDRESS: Gaithersburg Md

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BUREAU V. P.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Creatview — LENGTH OF STAY (in this place): Seventh
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 13 Bayard Blvd

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Creatview
STREET ADDRESS (If rural, give location): 13-Bayard Blvd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): EMMA CROUCH
4. DATE OF DEATH (Month) (Day) (Year): May 21 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: 4/21/1868
9. AGE last birthday: 84 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Paul Crouch 13-Bayard Blvd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial infarction — 1 1/4 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — 1 yr.

(c) Generalized Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1952, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 12:04 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Malcolm D. Harrison M.D. 4535 Yuma St NW Wash DC May 21, 1952

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF: 5/25/52 — NAME OF CEMETERY OR CREMATORY: Oakridge Cem. — LOCATION (City, town, or county) (State): Hays, N.C.

DATE REC'D BY LOCAL REG.: 5/21/52 — REGISTRAR'S SIGNATURE: Bessie M. Thompson — 24. FUNERAL DIRECTOR: The S.H. Hines Co. — ADDRESS: 2901-14th St. N.W.

VS-115

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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MAY 23 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 104 224

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk. Md — LENGTH OF STAY (In this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Springs, Md
STREET ADDRESS (If rural, give location) 8360 Fenton St

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Eleanor (Last) Darby

4. DATE OF DEATH: (Month) Oct (Day) 26 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: July 4 1882

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dickerson, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Chiswell

14. MOTHER'S MAIDEN NAME: Evalina Allnutt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Kenneth Darby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Diabetic Acidosis — Interval Between Onset and Death: 3 days

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Diabetes Mellitus — 2½ years

DUE TO (c) Arteriosclerosis — 10 years

260X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia, Right cerebral, old, healed as result of hypertension & cerebral hemorrhage — 2½ years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 51 to May 26 1952, that I last saw the deceased alive on May 25, 1952, and that death occurred at 6 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George B. Patrick Jr M D — ADDRESS 8700 Colesville Rd. Silver Spring, Md — DATE SIGNED 5-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF May 28-52 — NAME OF CEMETERY OR CREMATORY Monocacy — LOCATION (City, town, or county) (State) Beallsville, Md

DATE REC'D BY LOCAL REG. May 28 1952 — REGISTRAR'S SIGNATURE J. Hilton Dodd

24. FUNERAL DIRECTOR William B. Hilton — ADDRESS Barnesville, Md

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BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible] 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): - - -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 3527 Porter Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First): (none) (Middle): (none) (Last): DERR

4. DATE OF DEATH: (Month) (Day) (Year): May 3, 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 3, 1952

9. AGE last birthday: 00 yrs. IF UNDER 1 YEAR: Months 00 Days 00 IF UNDER 24 HRS.: Hours 00 Min. 37

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Phoan Bair DERR, Jr.

14. MOTHER'S MAIDEN NAME: Katherine MUNTER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Father: Phoan B. DERR, Jr.

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Atelectasis primary

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Erythroblastosis Fetalis.

DUE TO

(c)

770.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 19.52., to May 3, 19.52., that I last saw the deceased alive on May 3, 1952, and that death occurred at 10:32 P.m., from the causes and on the date stated above.

SIGNATURE: F. W. Schneider

(DEGREE OR TITLE) ADDRESS: LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD.

DATE SIGNED: May 5, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Disposal

DATE THEREOF: May 5, 1952

NAME OF CEMETERY OR CREMATORY: US Naval Medical School

LOCATION (City, town, or county) (State): Bethesda, Maryland

DATE REC'D BY LOCAL REG.: May 5, 1952

REGISTRAR'S SIGNATURE: Elsie Whittington

24. FUNERAL DIRECTOR ADDRESS: NONE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2820 Linden Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 2820 Linden Lane

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) (Last) Devine

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1952

5. SEX Female Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 10/14/79

9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Anon, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown

14. MOTHER'S MAIDEN NAME Catherine Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. B. Paul Arnold, 2820 Linden Lane Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Metastatic sarcoma	1 mo.
200.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Sympho sarcoma left axilla	3 mo.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr. 14, 1952

19b. MAJOR FINDINGS OF OPERATION Symphosarcoma - biopsy - non-operable

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 10, 1952, to May 28, 1952, that I last saw the deceased alive on May 28, 1952, and that death occurred at 6:25 P.m., from the causes and on the date stated above.

SIGNATURE M. J. McNeill M.D. (Degree or title) ADDRESS Silver Spring, Md. DATE SIGNED 5/28/52

23. BURIAL, CREMATION REMOVAL (Specify) Trans. & Burial

DATE THEREOF 5/31/52

NAME OF CEMETERY OR CREMATORY St. Alphonsus Cemetery

LOCATION (City, town, or county) (State) Wexford, Pennsylvania

DATE REC'D BY LOCAL REG. 6/2/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Ga. Ave. Silver Spring, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45 307

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 1½ mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 519 Tuckerman Street, N.W. ✓

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Eugene	Alphonse	DE VOUGES	May 31, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS: Hours	Min.
Male	White	Married	July 29, 1915	36 yrs.	10	02		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Budget Clerk	U.S. Government	Washington, D.C.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Eugene P. DE VOUGES	Margretha WHALEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
YES	WW II	- - - - - - - - -	Wife: Donalda B. DE VOUGES,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Adenocarcinoma, Sigmoid, with	
153.6 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) massive abdominal metastases	8-10 mos.
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 16, 19 52, to May 31, 19 52, that I last saw the deceased alive on May 31, 19 52, and that death occurred at 2:55 P.m., from the causes and on the date stated above.

SIGNATURE J. W. FLINN, LT, MC, USN (DEGREE OR TITLE) U.S. NAVAL HOSPITAL, BETHESDA, MD. (ADDRESS) DATE SIGNED May 31, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 3, 1952	Cedar Hill Cemetery	Suitland, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 31, 1952	Edith Whittington	Deal Funeral Home,	4010 Georgia Avenue, NW, Washington, D.C.

RECEIVED
JUN 3 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 208 223

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

LENGTH OF STAY (in this place) 6 mo. 20 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp. Takoma Park, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville

STREET ADDRESS (If rural, give location) 2610 Kirkwood Place

3. NAME OF DECEASED: (Type or Print) (First) Alida (Middle) — (Last) Diest

4. DATE OF DEATH: (Month) 5 (Day) 22 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 12-9-1904

9. AGE last birthday: 47 yrs. IF UNDER 1 YEAR: Months | Days IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Secretary

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY? ?

13. FATHER'S NAME: Martinus Gerardus Diest.

14. MOTHER'S MAIDEN NAME: Annigje Vanderbury.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) heart failure

180X

DUE TO

Antecedent cause(s) (b) metastases of malignant tumor in spinal cord. — 3 years

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) hypernephroma left kidney

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1949 nephrectomy, 1950 lobectomy, 1952 laminectomy

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1951, to 5/22, 1952, that I last saw the deceased alive on 5/22, 1952, and that death occurred at 10.50 p.m., from the causes and on the date stated above.

SIGNATURE Leo Philip Blommers (DEGREE OR TITLE) M. D. ADDRESS 5911 16th Str. N.W. Wash. 11, DC DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF May 26, 1952 NAME OF CEMETERY OR CREMATORY H. Lincoln Cem. LOCATION (City, town, or county) Prince Georges Co. (State) Md.

DATE REC'D BY LOCAL REG. 5-23-52 REGISTRAR'S SIGNATURE J. Wilm Dodd

24. FUNERAL DIRECTOR The D. H. Hines Co. ADDRESS 2901-14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8-51

RECEIVED
MAY 26 1952
BUREAU V. S.

409

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRING
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane → Nor. 10,000 GA. AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Mtg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sil Spring
STREET ADDRESS (If rural give location) 12617 Denley Rd

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) T. (Last) DONLIN
4. DATE OF DEATH (Month) MAY (Day) 22 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH Feb 14/1869
9. AGE last birthday 83 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Hotel Industry
11. BIRTHPLACE (State or foreign country) Ireland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Patrick Donlin
14. MOTHER'S MAIDEN NAME Mary Kilroy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Bessie Burns - Wash DC Niece

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) HYPERTENSIVE HEART DISEASE

443A Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ESSENTIAL HYPERTENSION

(c) GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL HEMORRHAGE (OLD)

19a. DATE OF OPERATION NONE
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 29, 1951, to MAY 22, 1952 that I last saw the deceased alive on MAY 22, 1952, and that death occurred at 1:40 P m., from the causes and on the date stated above.

SIGNATURE Wenzel Lowden (Degree or title) M.D ADDRESS 1603 19th ST. N.W. Washington, D.C. DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF to
NAME OF CEMETERY OR CREMATORY Washington
LOCATION (City, town, or county) D.C. (State)

DATE REC'D BY LOCAL REG. 5/22/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Paulver Funeral Home ADDRESS

5/26/52 Mt Olivet Cem. Washington DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 58 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Washington D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 3337 Runnymead Pl. N.W.

3. NAME OF DECEASED: (Type or Print) (First) W (Middle) WALLACE (Last) DUNBAR

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov. 5 - 1868
9. AGE last birthday: 83 yrs
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer - unk.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Abel Dunbar
14. MOTHER'S MAIDEN NAME: Katherine Clarke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Daughter—Mrs. H. B. Gram Jr. 3337 Runnymead Pl. N.W. Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocarditis	10 days
442X	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Cardio-vascular renal disease	8 yrs.
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Empyema of Gall Bladder

19a. DATE OF OPERATION: April 12, 1952
19b. MAJOR FINDINGS OF OPERATION: Gangrenous Gall Bladder - stones
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-25, 1952, to 5-22, 1952, that I last saw the deceased alive on 5-22, 1952, and that death occurred at 3:40 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Sidney C. Cousins M.D. 3921 - Ingomar St. N.W. Wash. D.C. 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF 5-24-52
NAME OF CEMETERY OR CREMATORY St. Michaels Church yard Cem.
LOCATION (City, town, or county) Ridge, St. Marys Co. (State) Md.

DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR The S. H. Hines Co. 2901 14th St. N.W. Washington D.C.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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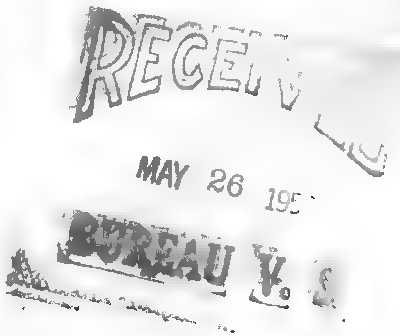
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MAY 26 19
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montg — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 7 Chestnut Ave

3. NAME OF DECEASED (Type or Print): (First) Etta (Middle) Merle (Last) Dunlap
4. DATE OF DEATH: (Month) 5 (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: Jul 1st 1877
9. AGE last birthday: 74 yrs. If under 1 year: Months 9 Days 5 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dsc Life
10b. KIND OF BUSINESS OR INDUSTRY: Office Work
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown-Deison
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Robert Hurst Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

1st Immediate cause (a) Carcinoma of Sigmoid Colon — 8 months

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Degenerative Heart Disease — Not known

19a. DATE OF OPERATION: Mar. 18, 52
19b. MAJOR FINDINGS OF OPERATION: involving sigmoid Fixed hard mass colon and small bowel
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 4, 1952, to May 6, 1952, that I last saw the deceased alive on May 4, 1952 and that death occurred at 12:50 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Jack Schumacher M.D. Gaithersburg, Md. May 7, 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5/8/52
NAME OF CEMETERY OR CREMATORY: Forest Oak.
LOCATION (City, town, or county) (State): Gaithersburg, Md.

DATE REC'D BY LOCAL REG.: May 7 1952
REGISTRAR'S SIGNATURE: Arnold L. Locke
24. FUNERAL DIRECTOR ADDRESS: Ernest C. Gantner, Gaithersburg, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 112

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 5½ hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 5514 2nd Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Guy (Middle) (n) (Last) EDELEN

4. DATE OF DEATH: (Month) (Day) (Year) May 17, 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 5, 1886
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 06 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alexander EDELEN
14. MOTHER'S MAIDEN NAME: Georgiana YOUNG

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) ✓ YES (If Yes, give war or dates of service) WW I & II
16. SOCIAL SECURITY NO.: 579-44-4055
17. INFORMANT & ADDRESS: Wife: Winifred EDELEN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardiac Decompensation, Acute	48 Hrs.
420.0 Antecedent cause(s)	DUE TO (b) Arteriosclerotic Heart Disease	5 years.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1952, to May 17, 19 52, that I last saw the deceased alive on May 17, 19 52, and that death occurred at 6:35 P.m., from the causes and on the date stated above.

SIGNATURE H. A. Sparks (DEGREE OR TITLE) ADDRESS DATE SIGNED
H. A. SPARKS, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. May 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 21, 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. May 18, 1952
REGISTRAR'S SIGNATURE Edith Whillington
24. FUNERAL DIRECTOR ADDRESS Hysong Funeral Home, 1300 N Street, NW, Washington, D. C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 20 1952
BUREAU V. S.

413

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8606 Jefferson St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8606 Jefferson St.

3. NAME OF DECEASED (Type or Print): (First) EVERETT (Middle) E. (Last) EDWARDS

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 12, 1900

9. AGE last birthday: 52 yrs. If under 1 year: Months 2, Days 19. If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Gov't

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minn.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: E.E. Edwards

14. MOTHER'S MAIDEN NAME: Jannie A. Hunt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Helen H. Edwards- 8606 Jefferson St. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Failure	3h.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction old-	2 yrs
	(c) Arteriosclerosis, Severe	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis — 1 yr

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-9, 1952, to 5-1, 1952, that I last saw the deceased alive on 5-1, 1952, and that death occurred at 3 20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Jas. Berkenbilt M.D. ADDRESS: 1328 "Eye" St. N.W. DATE SIGNED: 5/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5-3-52

NAME OF CEMETERY OR CREMATORY: Rock Creek Cemetery

LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5/1/52

REGISTRAR'S SIGNATURE: Bessie M. [illegible]

FUNERAL DIRECTOR: Robert H. Rumpf & Son ADDRESS: Bethesda, Md.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

414

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; LENGTH OF STAY (in this place) 4 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS 9918 Tenbrook Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring; STREET ADDRESS (If rural, give location) 9918 Tenbrook Dr

3. NAME OF DECEASED (Type or Print): (First) Morton (Middle) J. (Last) ELSTEIN

4. DATE OF DEATH: (Month) May (Day) 29 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-8-1917

9. AGE last birthday: 35 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant - Washing & Dyeing

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Edstein

14. MOTHER'S MAIDEN NAME: Evelyn Goode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Gertrude Elstein (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval between onset and death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ... (c) ...

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

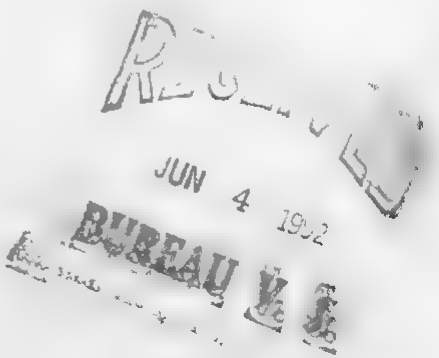
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Brochard (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 5-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/29/52 — NAME OF CEMETERY OR CREMATORY: Nat. Mem. Park Com. — LOCATION (City, town, or county) (State): Falls Church, Va.

DATE REC'D BY LOCAL REG. 6/2/52 — REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: B. Dansansky & Son - 3501 - 14th NW. Wash., D.C. — ADDRESS


JUN 4 1992
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

115

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington; COUNTY D.C.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.; STREET ADDRESS (If rural, give location) 619 Fla Ave NW

3. NAME OF DECEASED (Type or Print): (First) Lee; (Middle); (Last) Engrom

4. DATE OF DEATH: (Month) 5; (Day) 15; (Year) 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-8-03

9. AGE last birthday: 48 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver

10b. KIND OF BUSINESS OR INDUSTRY: Plumber

11. BIRTHPLACE (State or foreign country): Rocky Mt. N.C.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: Eliza ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Elizabeth Engrom 619 Fla. Ave NW

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Thoracic hemorrhage due to — 40 min.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest (nt.)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY street; (CITY OR TOWN) Silver Spring; (COUNTY) Monty; (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 15-52-2:49 P m. INJURY OCCURRED While at work ☒ Not while at work ☐

HOW DID INJURY OCCUR? ditch caved in while at work

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Brockhurst M.D. Gaithersburg Md 5-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: May 15 1952; NAME OF CEMETERY OR CREMATORY: Pinewood; LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG.: 5-19-52; REGISTRAR'S SIGNATURE: Helen S. Engelder Per L.V.S.

24. FUNERAL DIRECTOR: Robert L. Snowden; ADDRESS: Rockville

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 21 1952
BUREAU V. S.

5416

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7 X 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cedar Haven Rest Home 7300 Baltimore Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington D.C.
STREET ADDRESS (If rural, give location) 437 Buchanan St. N.W.

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) L (Last) Fahy
4. DATE OF DEATH: (Month) 5- (Day) 25- (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: Aug 31 1874
9. AGE last birthday: 77 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress
10b. KIND OF BUSINESS OR INDUSTRY: Work.
11. BIRTHPLACE (State or foreign country): Washington D. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM LANDGRAF
14. MOTHER'S MAIDEN NAME: BERTHA SCHULZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: MRS MARGARET RAYNOR

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ACUTE CONGESTIVE FAILURE, CARDIAC	2 DAYS
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 4500	(b) HYPERTENSIVE HEART DISEASE (ARTERIO-SCLEROTIC)	10 YEARS
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS — 6 MOS.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ——, 1926, to MAY 25, 1952, that I last saw the deceased alive on MAY 24, 1952, and that death occurred at 6 45 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Harry Zehner M.D. 1821 Que St N.W. Wash D.C. 5/26/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 5-28-52 | NAME OF CEMETERY OR CREMATORY Prospect Hill Cem | LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. May 25 1952 | REGISTRAR'S SIGNATURE J. Wilson Dodd

24. FUNERAL DIRECTOR ADDRESS
The S.H. Hines Co. 2701-14th Washington D.C.

RECEIVED
MAY 29 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

05417

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A-1

1. PLACE OF DEATH: COUNTY Monty. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
LENGTH OF STAY (in this place) [illegible]
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monty. Co Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) Adol (Middle) [illegible] (Last) [illegible]
4. DATE OF DEATH: (Month) [illegible] (Day) [illegible] (Year) 19 [illegible]

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	[illegible]	[illegible] 1911	[illegible] yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]		St. Louis [illegible]	USA

13. FATHER'S NAME [illegible] 14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocardial Infarction [illegible]

4531 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Thrombosis [illegible]

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible] and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. [illegible] 5/12/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 15 - 52	Dellefontaine	St Louis Mo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-12-52	Gertrude B Lamb	Robert E Lemp [illegible]	3221 Frederick Ave.

RECEIVED
MAY 19 1952
BUREAU V. S.

'18

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Gr. LENGTH OF STAY (in this place) v. [illegible]	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dayton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) [illegible]	(Last) Finke	4. DATE OF DEATH	(Month) 5	(Day) 9	(Year) 19 52
5. SEX [illegible]	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) [illegible]	8. DATE OF BIRTH Nov 12-1[illegible]	9. AGE last birthday [illegible] yrs.	If under 1 year Months [illegible]	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]	10b. KIND OF BUSINESS OR INDUSTRY [illegible]		11. BIRTHPLACE (State or foreign country) [illegible] Ohio		12. CITIZEN OF WHAT COUNTRY? [illegible]		
13. FATHER'S NAME Henry Finke			14. MOTHER'S MAIDEN NAME [illegible]				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS [illegible]				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intra-cranial hemorrhage	2½ days
44-1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive-cardio-vascular disease.	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Residuals of previous intra-cranial hemorrhage 3 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1952, to May 9, 1952, that I last saw the deceased alive on May 8, 1952, and that death occurred at 1:35 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jack Schumacher	M.D.	Gaithersburg, Md.	May 9, 52

23. BURIAL, CREMATION REMOVAL (Specify) [illegible]	DATE THEREOF 5-13-52	NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	LOCATION (City, town, or county) Dayton, Ohio (State)
DATE REC'D BY LOCAL REG. May 9, 1952	REGISTRAR'S SIGNATURE Alonda G. Cooke	24. FUNERAL DIRECTOR Ernest J. Gartner.	ADDRESS Gaithersburg, Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 12 1952
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson RFD
LENGTH OF STAY (in this place) 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson - R.F.D.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Nancy (Middle) D (Last) Garner

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Aug 3-1867
9. AGE last birthday 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) In active House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Thompson
14. MOTHER'S MAIDEN NAME Mary C Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs Henry White Dickerson Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	acute congestive heart failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	arteriosclerotic heart disease	2 years
	(c)		

42

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia 1 year

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) non
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 11 Oct., 1948, to 23 May 1952, that I last saw the deceased alive on May 23, 1952, and that death occurred at 9 P. m., from the causes and on the date stated above.

SIGNATURE John S Lawcett M.D. (Degree or title) ADDRESS Boyd DATE SIGNED May 24, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 26-1952
NAME OF CEMETERY OR CREMATORY Highland
LOCATION (City, town, or county) Norwood, Mass (State)

DATE REC'D BY LOCAL REG. May 24 1952
REGISTRAR'S SIGNATURE Charles E. Elgin
24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Vs. Alt

RECEIVED
MAY 27 1952
BUREAU V. S.

Items 8, 9 FilmG144 7/11/52 whw

19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 32 West Montgomery

3. NAME OF DECEASED (Type or Print) (First) THEODORE (Middle) A. (Last) Gates
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH ~~Feb. 8, 1876~~ 1873
9. AGE last birthday ~~76~~ 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician
10b. KIND OF BUSINESS OR INDUSTRY U.S. Govt.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME —
14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS 32 W. Montgomery Ave. Mrs. Lola Haines - Rockville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Cardio - respiratory Failure	1 hr.
3311 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Cerebral arteriosclerosis c̄	Indef
	(c)	Cerebral vascular accident (Thrombosis)	25 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/17/, 1952, to 5/13/, 1952, that I last saw the deceased alive on 5/13/, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Stephen N. Jones, M.D. ADDRESS Rockville, Md. DATE SIGNED 5/13/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-16-52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Maryland

DATE REC'D BY LOCAL REG. 5/15/52
REGISTRAR'S SIGNATURE Bessie M. [illegible]
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

5421

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY MONTGOMERY MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS
LENGTH OF STAY (in this place) 9 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9817 ROSENSTEEL ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN SILVER SPRINGS
STREET ADDRESS (If rural, give location) 9817 ROSENSTEEL ST.

3. NAME OF DECEASED (Type or Print) (First) Catherine (Middle) ANN (Last) Gensler

4. DATE OF DEATH (Month) MAY (Day) 8 (Year) 1952

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH MAY 4, 1867
9. AGE last birthday 85 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) BUFFALO, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME UNKNOWN ECKERT
14. MOTHER'S MAIDEN NAME UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY No. NONE
17. INFORMANT AND ADDRESS MRS MARGARET CLAXTON 9817 ROSENSTEEL SILVER SPRINGS, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage Cerebral multiple — INTERVAL BETWEEN ONSET AND DEATH 4 months

Antecedent cause(s) (b) Arteriosclerosis Generalized & Cerebral — yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1951, to May 8/52, 19....., that I last saw the deceased alive on May 7/52, 19....., and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE Samuel Allen M.D. (Degree or title) ADDRESS Kensington Md. DATE SIGNED 5/8/52

23. BURIAL, CREMATION REMOVAL (Specify) REMOVAL
DATE 5/10/52
NAME OF CEMETERY OR CREMATORY FORREST LAWN Cemetery
LOCATION (City, town, or county) BUFFALO NY (State)

DATE REC'D BY LOCAL REG. 5/8/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Joseph Gawler & Sons ADDRESS 1756 Pa ave NW. DC.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AID

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

122

Reg. Dist. No. 223.

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK | LENGTH OF STAY (in this place) 2 MOS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS CUR-LU REST HOME 708 PHILADELPHIA AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WASHINGTON, COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN —
STREET ADDRESS (If rural, give location) 2853 ONTARIO RD., N.W.

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) STOCKBRIDGE (Last) GRIFFIN

4. DATE OF DEATH: (Month) MAY (Day) 13, (Year) 1952.

5. SEX: FEMALE | 6. COLOR OR RACE: WHITE. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED | 8. DATE OF BIRTH: JULY 29, 1878 | 9. AGE last birthday: 33 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE. | 10b. KIND OF BUSINESS OR INDUSTRY: — | 11. BIRTHPLACE (State or foreign country): WASHINGTON, D.C. | 12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: VIRGIL D. STOCKBRIDGE. | 14. MOTHER'S MAIDEN NAME: MARTHA PEPIN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service): NO. | 16. SOCIAL SECURITY NO.: — | 17. INFORMANT: SISTER, MISS LUCETTA W. STOCKBRIDGE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ARTERIOSCLEROSIS | 10 YRS ?

350 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) PARKINSONISM. | " "

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. NONE.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify) NONE | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 3, 1952, to MAY 12, 1952, that I last saw the deceased alive on MAY 12, 1952, and that death occurred at 9:30 P. m., from the causes and on the date stated above. 5/13/52

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Seymour Greenbaum, M.D. 9300 EWING DRIVE BETHESDA 14, MD.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5-16-52 | NAME OF CEMETERY OR CREMATORY: Arlington National | LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REGISTRAR: May 15 1952 | REGISTRAR'S SIGNATURE: Hilton D. Field | 24. FUNERAL DIRECTOR: Joseph Gawler Sons | ADDRESS: 1756 Pa. Ave. N.W. Wash., D.C.

VS. A15

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MAY 20 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6745 Glenbrook Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 6745 Glenbrook Rd.

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Henry (Last) Gruber

4. DATE OF DEATH: (Month) May (Day) 11, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 21, 1880

9. AGE last birthday: 72 yrs. If under 1 year: Months 1, Days 20; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer- Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): W. Va.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Charlie Gruber

14. MOTHER'S MAIDEN NAME: Molly Rosenberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Nora H. Gruber- Same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral thrombosis	several days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic heart disease c generalized arteriosclerosis	years
	(c) Congestive failure c auricular fibrillation	over a few days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 May, 1952 to 11 May., 1952, that I last saw the deceased alive on 11 May, 1952 and that death occurred at 6:10 m., from the causes and on the date stated above.

SIGNATURE: Richard B Castell (Degree or title) ADDRESS: Mayflower Hotel DATE SIGNED: 11 May 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 13, 1952
NAME OF CEMETERY OR CREMATORY: Green Hill
LOCATION (City, town, or county) (State): Berryville, Virginia

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE: Bessie N. Thompson
24. FUNERAL DIRECTOR: Robert A. Crumpton & Sons
ADDRESS: Bethesda, Md.

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MAY 14 1952
BUREAU V. S.

24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Lane Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Montgomery Co. COUNTY: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chevy Chase
STREET ADDRESS (If rural, give location): 3708 East-West Highway

3. NAME OF DECEASED (Type or Print) (First) MARGARET (Middle) (Last) GUEST

4. DATE OF DEATH (Month) MAY (Day) 20 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Nov 2, 1860
9. AGE last birthday: 91 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leonardtown, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James McCathran
14. MOTHER'S MAIDEN NAME: Kathryn Peake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Margaret Deibler Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE MYOCARDITIS

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CHRONIC MYOCARDITIS

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION: NONE
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): NONE m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from AUG. 27, 1949, to MAY 20, 1952, that I last saw the deceased alive on MAY 20, 1952, and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE: Thomas Louden (Degree or title) MD. ADDRESS: 1603 19th ST. N.W. Washington, D.C. DATE SIGNED: 5/20/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify): Removal
DATE THEREOF: 5/22/52
NAME OF CEMETERY OR CREMATORY: Congressional Cemetery
LOCATION (City, town, or county) (State): washington DC

DATE REC'D BY LOCAL REG.: 5/21/52
REGISTRAR'S SIGNATURE: Frances Potter
24. FUNERAL DIRECTOR: Joseph F. Bricks Sons ADDRESS: 3034 M. ST. N.W. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 23 1957
BUREAU V. S.

125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
LENGTH OF STAY (in this place) 3Yrs 8Ma
HOSPITAL OR INSTITUTION OR STREET ADDRESS Asbury Methodist Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Valentine (Last) Guntz
4. DATE OF DEATH (Month) 5 (Day) 24 (Year) 19 52
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH May 15-1860
9. AGE last birthday 92 yrs. If under 1 year Months 0 Days 0 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Hous Building
11. BIRTHPLACE (State or foreign country) Baltimore Co, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Adams Guntz
14. MOTHER'S MAIDEN NAME Martha M. Wayd
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Asbury Methodist Home Rec. Co.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Senility 12/18/50 to 5/24/52

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1950, to 5-24, 1952, that I last saw the deceased alive on 5/23, 1952, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE William C. Miller, M.D. (Degree or title) ADDRESS 7 Brooks Ave, Gaithersburg, Md. DATE SIGNED 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify) 1
DATE THEREOF 5/26/52
NAME OF CEMETERY OR CREMATORY Western Cemetery
LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. May 26, 1952
REGISTRAR'S SIGNATURE Almeda L. Cooke
24. FUNERAL DIRECTOR Ernest C. Gardner, Gaithersburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

RECEIVED
MAY 28 1952
BUREAU V. S.

126

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poolesville
LENGTH OF STAY (in this place): 70
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Poolesville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ALICE (Middle) GERTRUDE (Last) HALLER

4. DATE OF DEATH: (Month) 5 (Day) 24 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	WIDOWED	1-10-1873	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		VIRGINIA	U.S.

13. FATHER'S NAME: EDWARD TILLS

14. MOTHER'S MAIDEN NAME: MARY McKINNEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	None	ALICE SOPER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	6 days
44 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis, generalized	10 years
	(c) Hypertension-Cardiovascular-renal disease	10 years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July, 1951, to 24 May, 1952, that I last saw the deceased alive on 24 May, 1952, and that death occurred at 11:45 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Jordan McSmith	M.D	Barnesville, Md	25 May 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 26-52	Monocacy	Beallsville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 26 1952	Charles F. Elgin	William B. Hilton	Barnesville, Md

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MAY 28 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

127

Reg. Dist. No. 216

VS. A15.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase | LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS # 45 Lenox St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 45 Lenox St

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) R. (Last) HARRIES

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed | 8. DATE OF BIRTH: Nov 30 1859 | 9. AGE last birthday: 92 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Randall
14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. -
17. INFORMANT AND ADDRESS: Mr Karl Loos 115 Lenox Richmond

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Cardiovascular

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1 1952, to May 15 1952, that I last saw the deceased alive on May 15 1952, and that death occurred at 3:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John R. Swan M.D. 1801 Eye St. N.W. May 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation | DATE THEREOF 5/19/52 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) Hamilton Va. (State)

DATE REC'D BY LOCAL REG. 5/16/52 | REGISTRAR'S SIGNATURE Bessie M. Thompson

24. FUNERAL DIRECTOR | ADDRESS
Joseph Gawler's 1756 Pa. Ave. N.W. Washington, D. C.

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sisters of Mercy Convent

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) Sisters of Mercy Convent

3. NAME OF DECEASED (Type or Print) (First) Sister Mary (Middle) Carmelita (Last) Hartman
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952

5. SEX female
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH Sept 16 1872
9. AGE last birthday 79 yrs. If under 1 year (Months) (Days) If under 24 hrs. (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sisters of Mercy
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Balto. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry C. Hartman
14. MOTHER'S MAIDEN NAME Adelaide L. Gouley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Convent records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Found
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	dead in
	(c)	bed

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-23-52
NAME OF CEMETERY OR CREMATORY Convent Cemetery - Mt St Agnes
LOCATION (City, town, or county) (State) Mt. Washington, Md.

DATE REC'D BY LOCAL REG. 5/20/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR James L. Ryan, Inc. 317 Pa. Ave. Wash. DC ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15A

RECEIVED
MAY
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH
COUNTY: Montgomery — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Gaithersburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Route #3

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md., COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Carmody Hills
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Orville (Middle) Stewart (Last) Hilbert

4. DATE OF DEATH: (Month) 5 (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 6/25/1871

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David S. Waters

14. MOTHER'S MAIDEN NAME: Sarah Emma Smitton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 5815 Addison Road, S. E Mr. Maurice E Hellmuth, Washington, D. C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardio - resp - failure due to	1 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis due to	4 days
	(c) Cerebral Arterio - sclerosis	Indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/8/, 1952, to 5/13/, 1952, that I last saw the deceased alive on 5/10/, 1952, and that death occurred at 6:15 P m., from the causes and on the date stated above.

SIGNATURE: Stephen N. Jones (Degree or title) M.D. ADDRESS: Rockville Md DATE SIGNED: 5/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/16/52

NAME OF CEMETERY OR CREMATORY: Glenwood Cemetery

LOCATION (City, town, or county) (State): Washington, D. C.

DATE REC'D BY LOCAL REG.: May 19 1952

REGISTRAR'S SIGNATURE: Ursula L. Cooke

24. FUNERAL DIRECTOR: Warner L. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

VS. A15

RECEIVED
MAY 2[illegible]
BUREAU V. S.

05430

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Browningsville
LENGTH OF STAY (in this place) 4 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Monrovia

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Browningsville
STREET ADDRESS (If rural, give location) R.F.D. Monrovia

3. NAME OF DECEASED (Type or Print): (First) Leslie (Middle) Ray (Last) Hill
4. DATE OF DEATH: (Month) May (Day) 28 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	Sept. 17, 1912	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crane Operator-
10b. KIND OF BUSINESS OR INDUSTRY U.K. Ferguson Co. Frederick, Md.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexandra Hill
14. MOTHER'S MAIDEN NAME Mary E. Bolton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 579-07-6788
17. INFORMANT AND ADDRESS Mrs Leslie Hill, Monrovia, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☐, *Inquiry* ☐ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☒ *accident* ☐, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Franz J. Bruchart M.D. Gaithersburg Md 5-28-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF May 31, 1952
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REG. May 29, 1952
REGISTRAR'S SIGNATURE Della W. Burdette
24. FUNERAL DIRECTOR ADDRESS Olin L. Molesworth, Damascus, Md.

VS. A15A

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

131

Reg. Dist. No. 217

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ednar; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) Hoover

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 22 1952

9. AGE last birthday: yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours 4 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Ednar Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Julius Hoover

14. MOTHER'S MAIDEN NAME: Mary Eleanor Bingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Premature 5 mos

776 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ✓

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓ (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 5/22/52, to 5/22/52, that I last saw the deceased alive on 5/22/52, and that death occurred at 1145 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 5/24/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 5-22-52 REGISTRAR'S SIGNATURE Gertrude B Fawler

24. FUNERAL DIRECTOR ADDRESS

2252 (5-24)

RECEIVED
MAY 28 1952
BUREAU V. S.

Item 18 Film G142 5-15-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

32

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY MONTGOMERY — 9717 CONN. AVE. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KENSINGTON
STREET ADDRESS (If rural, give location) 9717 CONN. AVE.

3. NAME OF DECEASED (Type or Print): (First) GERTRUDE (Middle) MARIE (Last) JOHNSON
4. DATE OF DEATH: (Month) MAY (Day) 6 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	WIDOWED	DEC. 25 1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): QUINCY, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? HANSEN
14. MOTHER'S MAIDEN NAME: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: R. SIDNEY JOHNSON — SON 7306 BRANNON LA. CH. CH. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerrhosis of liver	4 months
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 years
	(c)	

51.6

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis (Incipient Tuberculosis) (5-1-52 ams) — Chronic Arthritis — 5 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 12, 1921, to May 6, 1952, that I last saw the deceased alive on May 1, 1952, and that death occurred at 12:05 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Edgar Snowden MD	1712 21st NW Washington DC	May 6 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5/8/52	OAK HILL CEM.	WASHINGTON, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/4/52	Frances Cotter	The S. H. Hines Co.	2901 14th St. N.W. WASH. D.C.

RECEIVED
MAY 8 1952
BUREAU W. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. M5

MARYLAND STATE DEPARTMENT OF HEALTH

'33

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH
COUNTY: Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt Zion
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Monty.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Zion
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Minnie	Posey	Johnson.	May	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	Colored	Married	March 13,	69 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. Henry Tyler	Margaret Brown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Edward Johnson (Husband)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma of uterus & metastases	1 yr
174X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 11/13, 1951, to 5/25, 1952, that I last saw the deceased alive on 5/16, 1952, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: MD Sandy Spring MD DATE SIGNED: 5/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	May 28, 1952	Brooke Grove	Laytonsville Monty Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 28-52	Gertrude B Lawler	R. L. Snowden, Rockville, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 34-5

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Bethesda, Rural
LENGTH OF STAY (in this place): 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Georgia — COUNTY: Glynn
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Brunswick
STREET ADDRESS (If rural, give location): 3688 Gordon Oak

3. NAME OF DECEASED: (Type or Print) (First) Vicki (Middle) Jean (Last) JOHNSON

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: June 22, 1942
9. AGE last birthday: 09 yrs. — IF UNDER 1 YEAR: Months 10, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -
11. BIRTHPLACE (State or foreign country): Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Doctor T. JOHNSON
14. MOTHER'S MAIDEN NAME: Louise M. LIVINGSTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO — (If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - -
17. INFORMANT & ADDRESS: Father: Doctor T. JOHNSON, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) atelectasis	2 days.
224X Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Postoperative brain tumor (craniopharyngioma)	2 days.
	DUE TO (c) Brain tumor (craniopharyngioma)	6 months.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 14 May 1952.
19b. MAJOR FINDINGS OF OPERATION: Craniopharyngioma
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 19 52, to May 16, 19 52, that I last saw the deceased alive on May 16, 19 52, and that death occurred at 3:10 A m., from the causes and on the date stated above.

SIGNATURE: E. P. Thelen (DEGREE OR TITLE) ADDRESS: E. P. THELEN, LCDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. — DATE SIGNED: May 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: May 16, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Brunswick, Georgia

DATE REC'D BY LOCAL REG.: May 16, 1952 — REGISTRAR'S SIGNATURE: Edith Whillington

24. FUNERAL DIRECTOR — ADDRESS: Chevy-Chase Funeral Home, 5103 Wisconsin Ave., NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-3-51

RECEIVED
MAY 19 1957
BUREAU U. S.

M

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY Monroe
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 10 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rochester
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospt.	STREET ADDRESS (If rural, give location) 1726 Portland Ave.

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) LOVENE (Last) KELLER				4. DATE OF DEATH (Month) May (Day) 25, (Year) 1952 19	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 30, 1922	9. AGE last birthday 29 yrs.	If under 1 year Months 7 Days 15 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operating Engineer	10b. KIND OF BUSINESS OR INDUSTRY Construction		11. BIRTHPLACE (State or foreign country) Pennsylvania	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Harold Keller			14. MOTHER'S MAIDEN NAME Mary Snyder		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) [illegible]		16. SOCIAL SECURITY NO. 183-18-2239	17. INFORMANT AND ADDRESS Jean Keller- same as item #2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Generalized Peritonitis	2 days
5773 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Gangrene of entire small bowel	6 days
	(c) Torsion of mesentery & small bowel	2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-15-52	19b. MAJOR FINDINGS OF OPERATION Gangrene of Entire Small bowel	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15 1952 to May 24 1952, that I last saw the deceased alive on 24th May, 1952 and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE: James H. Sally (Degree or title) M.D. ADDRESS 1833 Eye St, Wash D.C. DATE SIGNED 5-25-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit	DATE THEREOF 5-25-52	NAME OF CEMETERY OR CREMATORY White Haven Memorial	LOCATION (City, town, or county) (State) Monroe Co., New York
DATE REC'D BY LOCAL REG. 5/25/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR Robert A. Humphrey	ADDRESS Bethesda, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

136

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Purdum Md; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Purdum Md; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) ADDIE (Middle) R (Last) KING

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1932

5. SEX: FEMALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: June 25 1860

9. AGE last birthday: 5 2 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic Farm

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Luther Beall

14. MOTHER'S MAIDEN NAME: Priscilla Beall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) n (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. —

17. INFORMANT: Willett S King

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

INTERVAL BETWEEN ONSET AND DEATH: 4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from [illegible], 19....., to [illegible], 19....., that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 4:45 [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE THEREOF May 18 1932 | NAME OF CEMETERY OR CREMATORY Mountain View Purdum | LOCATION (City, town, or county) Maryland (State)

DATE REC'D BY LOCAL REG. May 17/32 | REGISTRAR'S SIGNATURE Della N. Burdette | 24. FUNERAL DIRECTOR Roy W Barber ADDRESS Gaithersburg Md

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MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 137

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Monty MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Monrovia R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale
STREET ADDRESS (If rural, give location) Monrovia R.F.D.

3. NAME OF DECEASED (Type or Print) (First) Huie (Middle) Francis (Last) King
4. DATE OF DEATH (Month) May (Day) 21 (Year) 1952

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE
8. DATE OF BIRTH SEPT 6. 1899
9. AGE last birthday 52 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER
10b. KIND OF BUSINESS OR INDUSTRY OWNER
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ernest King
14. MOTHER'S MAIDEN NAME Lola M. Lawson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. no
17. INFORMANT AND ADDRESS Earl King Monrovia md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 5-21-52

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF MAY 24 1952
NAME OF CEMETERY OR CREMATORY MT Quiet
LOCATION (City, town, or county) (State) Frederick Md

DATE REC'D BY LOCAL REG. May 24 1952
REGISTRAR'S SIGNATURE Della N. Burdette
24. FUNERAL DIRECTOR Roy W. Barber Laytonsville ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3818 Decatur St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 3818 Decatur St.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) K. (Last) HOUSE
4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov. 2, 1895
9. AGE last birthday: 56 yrs. If under 1 year: Months 6 Days 25 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: US

13. FATHER'S NAME: Albert Semler
14. MOTHER'S MAIDEN NAME: Sally Figley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Ruth N. Hahn- 3818 Decatur St. Kensington, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Cervix — 1 Year

1111 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) uterine hemmorhage

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to June, 1952, that I last saw the deceased alive on June 26, 1952 and that death occurred at 2:45 A m., from the causes and on the date stated above.

SIGNATURE: Patrick L. Jameson (Degree or title) M.D ADDRESS 11602 Georgia Wheaton Md DATE SIGNED 5/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 5-29-52
NAME OF CEMETERY OR CREMATORY: Rose Hill
LOCATION (City, town, or county) (State): Hagerstown, Md.

DATE REC'D BY LOCAL REG. 5/27/52
REGISTRAR'S SIGNATURE: Bessie M. Thompson
24. FUNERAL DIRECTOR: Robert A. Humphrey ADDRESS: Bethesda, Md.

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MAY 29 1952
BUREAU V. S.

Written permission rec'd from both parents W.H. Hyatt, Md. Record Library

VS. 415

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

39

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 3hr. 46 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, 20
STREET ADDRESS (If rural, give location) 8185 Allantown Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Krueger
4. DATE OF DEATH (Month) May (Day) 12 (Year) 1952
5. SEX Female
6. COLOR OR RACE wh
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S
8. DATE OF BIRTH May 12, 1952
9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours 3 Min. 46
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Juan Charles Krueger
14. MOTHER'S MAIDEN NAME Mary Lewis Humphries
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mother Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pre-maturity

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fetal atelectasis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/12, 1952, to 5/12, 1952, that I last saw the deceased alive on 5/12, 1952 and that death occurred at 11 30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Alan H. Harding M.D. ADDRESS 113 Carroll St NW Wash DC DATE SIGNED 5/12/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5-13-52
NAME OF CEMETERY OR CREMATORY Washington San. & Hosp.
LOCATION (City, town, or county) (State) Takoma Park 12, Md

DATE REC'D BY LOCAL REG. May 13 1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR R A Hare MD. ADDRESS Wash. San. & Hosp. Takoma Park Md.

2052192281

RECEIVED
MAY 15 1952

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 140

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo. 23 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE New York COUNTY King's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn
STREET ADDRESS (If rural, give location) 144 St. John's Place

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) Douglas (Last) KYLE

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Mar. 13, 1920
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR: Months 02 Days 11 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Petty Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy
11. BIRTHPLACE (State or foreign country): Florida
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Robert KYLE
14. MOTHER'S MAIDEN NAME: Texia KING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: - - - - - - - -
17. INFORMANT & ADDRESS: Wife: Viola K. KYLE, same as item # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Massive intra-abdominal hemorrhage	1 hr.
456X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Thrombosis of Hepatic vessels	1 hr.
	DUE TO (c) Poly arteritis nodosa	6+ months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 1, 19 52, to May 24, 19 52, that I last saw the deceased alive on May 24, 19 52, and that death occurred at 5:10 P.m., from the causes and on the date stated above.

SIGNATURE A. E. Marland (DEGREE OR TITLE) ADDRESS A. E. MARLAND, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED May 25, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF May 26, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) New York City, New York

DATE REC'D BY LOCAL REG. May 25, 1952
REGISTRAR'S SIGNATURE Edith Whillington
24. FUNERAL DIRECTOR ADDRESS Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
MAY 29 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11 15

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda, Rural

LENGTH OF STAY (in this place) 7½ mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington

STREET ADDRESS (If rural, give location) 1954 Columbia Road, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) LA FARGE

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 28, 1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months 09 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Benjamin ARTH

14. MOTHER'S MAIDEN NAME: Kathryn KNELL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY No.: - - - - - - -

17. INFORMANT & ADDRESS: Son: Charles A. LA FARGE, c/o CNO, Navy Dept., Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CARCINOMA, BLADDER — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

181 X Antecedent cause(s) DUE TO

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE — 5 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 30 1951, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 11:30 P.m., from the causes and on the date stated above.

SIGNATURE H. E. Reitz (DEGREE OR TITLE) ADDRESS DATE SIGNED

H. E. REITZ, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. May 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation

DATE THEREOF May 16, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory

LOCATION (City, town, or county) (State) Suitland, Maryland

DATE REC'D BY LOCAL REG. May 16, 1952

REGISTRAR'S SIGNATURE Edith C. Wattington

24. FUNERAL DIRECTOR ADDRESS Jos. Gawler's Sons Funeral Home, 1756 Pennsylvania Avenue, NW, Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 19 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 12-14

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-AD5 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 9110 Eaton Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring,
STREET ADDRESS (If rural, give location): 9110 Eaton Rd.

3. NAME OF DECEASED: (Type or Print) (First) KATHLEEN (Middle) DENISE (Last) LANGE.

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: July 19, 1947

9. AGE Last birthday: 4 yrs. — IF UNDER 1 YEAR: Months — Days; IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Wash D.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Danny Lange

14. MOTHER'S MAIDEN NAME: Jane Keiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) — —

16. SOCIAL SECURITY NO.: — —

17. INFORMANT & ADDRESS: Daniel A. Lange Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Malignant tumor of Brain — DUE TO — Interval between onset and death: 3 mos.

193X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) — DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 15, 1952

19b. MAJOR FINDINGS OF OPERATION: Malignant tumor of Brain

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

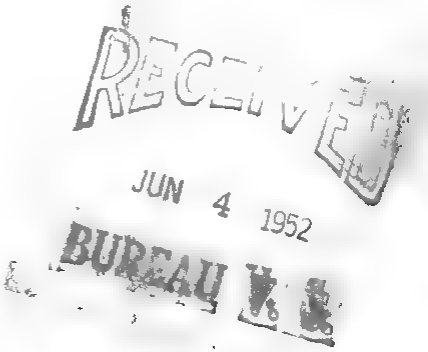
22. I hereby certify that I attended the deceased from March 1, 1952, to May 30, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 7:30 A.m., from the causes and on the date stated above.

SIGNATURE John E. Emerett M.D. (DEGREE OR TITLE) ADDRESS 6301-14th St NW Wash 11 DC DATE SIGNED 5/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 2, 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Pr George Co. Md.

DATE REC'D BY LOCAL REG. 6/2/52 — REGISTRAR'S SIGNATURE Frances Foden

24. FUNERAL DIRECTOR Arthur Dalby — ADDRESS 234 Carroll Ave Takoma Park 12, D.C.


RECEIVED
JUN 4 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1952

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 105 - 1st. AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TAKOMA PARK,
STREET ADDRESS (If rural, give location): 105 - 1st. AVE.

3. NAME OF DECEASED: (Type or Print) (First) CHRISTINA (Middle) - (Last) LAY

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1952.

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: OCT 30, 1864

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOMEMAKER

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): SWEEDEN

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN LARSON

14. MOTHER'S MAIDEN NAME: LENA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NO

17. INFORMANT & ADDRESS: MRS MARIE KNIGHT, 105-1st AVE; TAKOMA PARK, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia	48 hrs.
Antecedent cause(s). Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerosis, Generalized DUE TO	10-15 yrs.
	(c) DUE TO	

459.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8 May, 1952, to 18 May, 1952, that I last saw the deceased alive on 17 May, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
H B Queen M.D. 7112 Willow Ave Takoma Park Md 18 May 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 21, 1952. — NAME OF CEMETERY OR CREMATORY: GRACELAND CEM. — LOCATION (City, town, or county) (State): CHICAGO, ILL.

DATE REC'D BY LOCAL REG. May 18 1952 — REGISTRAR'S SIGNATURE: Allison Dodd — 24. FUNERAL DIRECTOR: J. Arthur Baldwin — ADDRESS: 254 Carroll St. N.W. Takoma Park 12, D.C.

RECEIVED
MAY 20 1952
BUREAU V. S.

11

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Olney, Md.
LENGTH OF STAY (In this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Montg. Co. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookeville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Horace (Middle) (Last) Leishear
4. DATE OF DEATH (Month) May (Day) 4 (Year) 1952
5. SEX Male
6. COLOR OR RACE ~~Female~~
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Oct. 19, 1881
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Brighton, Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas Leishear
14. MOTHER'S MAIDEN NAME Frances Malesworth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 30 min

4 - Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Arteriosclerosis — Years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION ✓
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE) ✓
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓ m.
INJURY OCCURRED While at Work ☐ Not While At work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 4/11, 1952, to 5/4/, 1952 that I last saw the deceased alive on 5/3/, 1952 and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE J. W. Bird (Degree or title) MD ADDRESS Sandy Spring DATE SIGNED 5/5/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 6 1952
NAME OF CEMETERY OR CREMATORY Mt Carmel
LOCATION (City, town, or county) Montgomery Co. (State) Md
DATE REC'D BY LOCAL REG. 5-5-52
REGISTRAR'S SIGNATURE Gertrude B. Fowler
24. FUNERAL DIRECTOR Roy W. Barber
ADDRESS Laytonsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

RECEIVED
MAY 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 212

145

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville, RFD
LENGTH OF STAY (In this place) 3
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville, RFD
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Douglas (Middle) Ray (Last) Leith

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1952

5. SEX M

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Apr 23-49

9. AGE last birthday 3 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant-

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Anderson Leith

14. MOTHER'S MAIDEN NAME Isabelle Foster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs Isabelle Leith, Poolesville Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage due to crushed skull

812.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH Killed instantly

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Farm

(CITY OR TOWN) Poolesville (COUNTY) Monty (STATE) md

TIME OF INJURY (Month) May (Day) 10-52 (Year) (Hour) 11:30 A.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Truck backed over child while playing

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Brosehart (Degree or title) M.D. ADDRESS Gaithersburg md DATE SIGNED 5-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF May 12-52

NAME OF CEMETERY OR CREMATORY Monocacy

LOCATION (City, town, or county) Beallsville, Md (State)

DATE REC'D BY LOCAL REG. May 12, 1952

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR William B. Hilton ADDRESS Barnesville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 14 1952
BUREAU M. E

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wheaton
LENGTH OF STAY (in this place) 55 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital 8600 Old Georgetown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 1615 Georgetown Rd.

3. NAME OF DECEASED (Type or Print): (First) Lauren (Middle) W. (Last) Magruder
4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 17 1854
9. AGE last birthday: 97 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Montgomery Co. Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Talbert Magruder
14. MOTHER'S MAIDEN NAME: Susan Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Eve Morris 1615 Georgetown Rd. Bethesda, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic Heart Disease	5 yrs
(c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 3:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Leo M. Curtis, M.D. 5707 Wisconsin Ave., Chevy Chase, Md. May 5, 1952

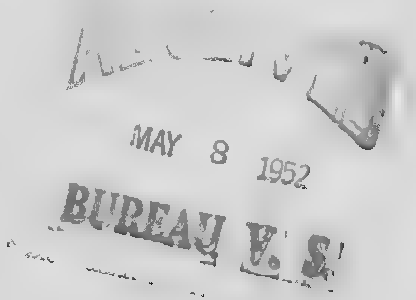
23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: May 7, 1952
NAME OF CEMETERY OR CREMATORY: Rockville Union
LOCATION (City, town, or county) (State): Rockville Maryland

DATE REC'D BY LOCAL REG. 5/6/52
REGISTRAR'S SIGNATURE: Jessie M. [illegible]
24. FUNERAL DIRECTOR: Robert A. Dumphreys ADDRESS: Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 (7)


MAY 8 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (in this place) 21 da.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; STREET ADDRESS (If rural, give location) Lincoln Park.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) Milton (Last) Mathews

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 11 1899

9. AGE last birthday: 52 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor - Bank

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Basil Mathews

14. MOTHER'S MAIDEN NAME: Mallie Conrad.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife, Inez Mathews Rockville Md. Lincoln Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Right Cerebral Embolism with left hemiplegia	15 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Anterior Myocardial Infarction	25 days
	(c) Chronic congestive	1 yr.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic Heart Disease — ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 14, 1952, to May 15, 1952, that I last saw the deceased alive on May 14, 1952, and that death occurred at 2.55 P m., from the causes and on the date stated above.

SIGNATURE: Stewart Clark — (Degree or title) M.D. — ADDRESS 3921 Ingomar St. N.W. — DATE SIGNED May 15 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 5/19/52 — NAME OF CEMETERY OR CREMATORY Lincoln Park. — LOCATION (City, town, or county) Rockville, (State) Md.

DATE REC'D BY LOCAL REG. 5/19/52 — REGISTRAR'S SIGNATURE Susie M. Thornburg — 24. FUNERAL DIRECTOR R. F. Snowden, ADDRESS Rockville, Md.

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,

CERTIFICATE OF DEATH

Reg. Dist. 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: 148
STATE: Miss. COUNTY: Pearl River
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Picayune
STREET ADDRESS (If rural, give location): Box 182

3. NAME OF DECEASED: (Type or Print) (First) Joyce (Middle) Fay (Last) MC CORMICK

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Single	Aug. 15, 1947	04 yrs.	09	02		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -
11. BIRTHPLACE (State or foreign country): Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John H. MC CORMICK
14. MOTHER'S MAIDEN NAME: Daliah LOTT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO.: - - - - - - - - -
17. INFORMANT & ADDRESS: Mother: Daliah MC CORMICK,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Leukemia, Acute Lymphogenous	11 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
204.0	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 30 19 52, to May 17, 19 52, that I last saw the deceased alive on May 17, 19 52, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE: L. W. Mederstrom
(DEGREE OR TITLE) L. W. MEDERSTROM, LT, MC, USN
ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD.
DATE SIGNED May 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	May 18, 1952		Picayune, Mississippi

DATE REC'D BY LOCAL REG. May 18, 1952
REGISTRAR'S SIGNATURE: Edith Worthington

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

(5449)

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN / LENGTH OF STAY (in this place) /
HOSPITAL OR INSTITUTION OR STREET ADDRESS MONTGOMERY COUNTY GENERAL HOSPITAL OLNEY, MD.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 105 S. Washington St.

3. NAME OF DECEASED (Type or Print): (First) Dennis (Middle) Allen (Last) McKinnon
4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: 5.19.51
9. AGE last birthday: 1 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby
10b. KIND OF BUSINESS OR INDUSTRY /
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Vivian Wayne McKinnon
14. MOTHER'S MAIDEN NAME: Lillian Leona Wyatt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) /
16. SOCIAL SECURITY NO. /
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute gastro enteritis — 1 week

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Bilateral bronchopneumonia both lower lobes — 48 hrs.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION / 19b. MAJOR FINDINGS OF OPERATION / 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) / PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY / (CITY OR TOWN) / (COUNTY) / (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. / INJURY OCCURRED While at Work ☐ Not While At work ☐ / HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19, 1951, to 5/19, 1952, that I last saw the deceased alive on 5/19, 1952, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) MD ADDRESS Sandy Spring, Md DATE SIGNED 5/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-Transit / DATE THEREOF 5-20-52 / NAME OF CEMETERY OR CREMATORY Roselawn / LOCATION (City, town, or county) (State) Marion, Smith Co. Virginia

DATE REC'D BY LOCAL REG. 5-20-52 / REGISTRAR'S SIGNATURE Gertrude B Fawley / 24. FUNERAL DIRECTOR Robert A. Pumphrey / ADDRESS Bethesda, Md.

50

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda — LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodacres
STREET ADDRESS (If rural, give location): 5700 Harwick Road

3. NAME OF DECEASED (Type or Print) (First) Duncan (Middle) (Last) McLaren
4. DATE OF DEATH (Month) May (Day) 28 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 5, 1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Local teacher
10b. KIND OF BUSINESS OR INDUSTRY: public schools
11. BIRTHPLACE (State or foreign country): Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McLaren
14. MOTHER'S MAIDEN NAME: Mary Grant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY No.: 578-18-6520
17. INFORMANT AND ADDRESS: Douglas McLaren, 6803 Rhode Island Ave, College Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive heart failure	10 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Aortic stenosis	10 years
	(c) Myocardial infarction	9 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/20, 1946, to 5/28, 1952, that I last saw the deceased alive on 5/27, 1952, and that death occurred at 6 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Willa Webb. M.D. — ADDRESS: Rockville, Md — DATE SIGNED: 5/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/31/52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Prince Georges Co. Md

DATE REC'D BY LOCAL REG.: 5/29/52 — REGISTRAR'S SIGNATURE: Bessie M Thompson
24. FUNERAL DIRECTOR: The S. H. Hines Co. — ADDRESS: 2701-14-D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

151

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4511 Avondale St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4511 Avondale St.

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) WILLIAM (Last) McLURE

4. DATE OF DEATH (Month) (Day) (Year) May 10, 1952 19

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Sept. 10, 1892
9. AGE last birthday 59 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.
11. BIRTHPLACE (State or foreign country) Union, S. Carolina
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Wm. S. McLure
14. MOTHER'S MAIDEN NAME Estelle Diffenderffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ✓ yes (If yes, give war or dates of service) W. W. 1.
16. SOCIAL SECURITY NO. 251-44-1931
17. INFORMANT AND ADDRESS Mrs Katherine D. McLure

18. MEDICAL CERTIFICATION Same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Coronary thrombosis	1 hour
420 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Essential hypertension	3 months
	(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952, to May 10, 1952, that I last saw the deceased alive on 10:00 PM 5/10/52 19, and that death occurred at 10:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Joseph P. Kennick ADDRESS 4504 Avondale, Beth. DATE SIGNED 5/10/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit
DATE THEREOF 5-12-52
NAME OF CEMETERY OR CREMATORY Nativity Church Cem.
LOCATION (City, town, or county) (State) Union County, S. Carolina

DATE REC'D BY LOCAL REG. 5/12/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
21. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
MAY 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 159 525

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Bethesda, Rural

LENGTH OF STAY (in this place) 8 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) Quarters "A", Naval Gun Factory

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
Ada	Duke	McQUADE	May 30, 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Female	White	Widowed	July 16, 1873	78 yrs.	10	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	- - - - - - - - -	New York	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Bernard DUKE	Otilia NEUBOUER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:
NO	- - - - - - - - - - - - - - - -	Daughter: Mrs. George H. FORT,

18. MEDICAL CERTIFICATION same as Item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Hypertensive cardiovascular disease	5+ yrs.
443X	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)		
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Uremia & Arteriosclerosis

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 22, 19 52, to May 30, 19 52, that I last saw the deceased alive on May 30, 19 52, and that death occurred at 3:40 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
W. L. Hall	W. L. HALL, LTJG, USNR U.S. NAVAL HOSPITAL, BETHESDA, MD.	May 30, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 31, 1952	Rock Creek Cemetery	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
May 30, 1952	Edward Worthington	Jos. Gawler's Sons Funeral Home, 1750 Pennsylvania Ave., NW, Washington, D.C.

VS-A15 8-51

RECEIVED
JUN 3 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

153

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
STREET ADDRESS (If rural, give location) 100 East Oxford. St.

3. NAME OF DECEASED (Type or Print) (First) JULIA (Middle) HELEN (Last) MEISER

4. DATE OF DEATH (Month) May (Day) (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Oct.21,1900

9. AGE last birthday 51 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Erie, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frederick C. Meiser

14. MOTHER'S MAIDEN NAME Sophia Bach

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Mrs. Ruth McCawley, 100 E. Oxford St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma left tonsil with probable cerebral metastases

14 x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH 6 Mos

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 19, 1951, to MAY 28, 1952, that I last saw the deceased alive on May 25, 1952 and that death occurred at 12:15 A.m., from the causes and on the date stated above.

SIGNATURE Chas S White, Jr. (Degree or title) M.D. ADDRESS 1801-Eye St N.W. DATE SIGNED May 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/31.52

NAME OF CEMETERY OR CREMATORY Erie Cemetery

LOCATION (City, town, or county) (State) Erie, Penna.

DATE REC'D BY LOCAL REG. 5/29/52

REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Jos Lawlers Sons ADDRESS 1756 Pa. Ave., N.W.

M

1

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUN 2 1952
BUREAU V. S.

54

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1100 Wayne Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 1100 Wayne Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Henry (Last) Meyers

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 28, 1869

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Linotype Operator

10b. KIND OF BUSINESS OR INDUSTRY Newspaper

11. BIRTHPLACE (State or foreign country) Ontario, Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Meyers

14. MOTHER'S MAIDEN NAME Sophia Woodley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Cora F. Meyers 1100 Wayne Ave. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the Stomach c̄ extensive metastasis to Liver	4 Mos
151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	12 Years
	(c) Chr. Myocarditis	5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 8, 1939, to May 21, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 4 30 A m., from the causes and on the date stated above.

SIGNATURE Kenneth Baughlin (Degree or title) Md. ADDRESS 934 Ellsworth Dr. Silver Spring DATE SIGNED 5-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5/24/52

NAME OF CEMETERY OR CREMATORY Congressional Cemetery

LOCATION (City, town, or county) (State) Washington, D. C.

DATE REC'D BY LOCAL REG. 5/22/52

REGISTRAR'S SIGNATURE Frances Potter

24. FUNERAL DIRECTOR Warner E. Pumphrey ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
MAR 23 19[illegible]
BUREAU U. S.

155

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 218

1. PLACE OF DEATH: COUNTY Montg MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg | LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg
STREET ADDRESS (If rural, give location) 300 Frederick Ave

3. NAME OF DECEASED (Type or Print) (First) Mary (Middle) Georgiana (Last) Hobley
4. DATE OF DEATH (Month) 5 (Day) 19 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH Nov 17/1867
9. AGE last birthday 84 yrs. | If under 1 year Months Days | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home Work
11. BIRTHPLACE (State or foreign country) Potomac Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME James W. Selby
14. MOTHER'S MAIDEN NAME Valinda C Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mrs George Otte, Gaithersburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac failure	2 hrs.
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocarditis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1950, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE F. J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 5.20.52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/22/52
NAME OF CEMETERY OR CREMATORY Forest Oak
LOCATION (City, town, or county) (State) Gaithersburg, Md.

DATE REC'D BY LOCAL REG. May 20 1952
REGISTRAR'S SIGNATURE Alfred G. Cooke
24. FUNERAL DIRECTOR Ernest C. Gartner. ADDRESS Gaithersburg, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
23
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

156

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5524 Uppingham St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase (Somerset)
STREET ADDRESS (If rural, give location) 5524 Uppingham St

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Patrick Leo (Last) Moran

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 8-23-1887
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager
10b. KIND OF BUSINESS OR INDUSTRY Crane Co Supply
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Moran
14. MOTHER'S MAIDEN NAME Josephine Goodhues

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Thomas Moran Jr 4803 Morgan Dr Chevy Chase Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	Sudden
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 5/15/52 NAME OF CEMETERY OR CREMATORY Mt Olivet LOCATION (City, town, or county) Washington (State) OC

DATE REC'D BY LOCAL REG. 5/13/52 REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Jas. Sawkers Sons ADDRESS 1756 Connecticut Ave Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 15 1952
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville — LENGTH OF STAY (in this place) 81
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montg
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Poolesville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Ella (Last) Munger

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7/18/1868

9. AGE last birthday: 83 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household duties.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John B. Munger

14. MOTHER'S MAIDEN NAME: Eliza Huffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None.

17. INFORMANT AND ADDRESS: Fred Cambell, Poolesville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Rectal hemorrhage	2 weeks
154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of rectum	1 year
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic heart disease 10 yrs.

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: None — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1952 to 16 May 1952, that I last saw the deceased alive on 5 May, 1952, and that death occurred at 5-10 P. m., from the causes and on the date stated above.

SIGNATURE: John S Fowell — (Degree or title) M.D. — ADDRESS Boyds Md — DATE SIGNED 16 May '52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 19, 1952 — NAME OF CEMETERY OR CREMATORY: Monocacy — LOCATION (City, town, or county) (State): Beallsville, Md

DATE REC'D BY LOCAL REG. May 19, 1952 — REGISTRAR'S SIGNATURE: Chas. W. Elgin per D.T.E

24. FUNERAL DIRECTOR: William B. Hilton — ADDRESS Barnesville, Md

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MAY 20 1
BUREAU V. S.

it n 9 FilmG144 7/21/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115458

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 41 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyd
STREET ADDRESS (If rural, give location) Route I.

3. NAME OF DECEASED (Type or Print) (First) Helen (Middle) (Last) Naylor
4. DATE OF DEATH (Month) May (Day) 14 (Year) 1952
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept 1st - 1901
9. AGE last birthday 5-15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Centerville, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME William Smith
14. MOTHER'S MAIDEN NAME Margaret Bauice
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Daughter - Mrs. Helen Hebron - Boyd, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	5 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Severe Hypertension	10 yrs
	(c) Rheumatic Heart Disease with mitral stenosis	10 yrs +

410X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nephrosclerosis, Arteriosclerosis

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4.3., 1952, to 5.14., 1952 that I last saw the deceased alive on 5.13., 1952 and that death occurred at 6.20 p.m., from the causes and on the date stated above.

SIGNATURE Stewart Clark (Degree or title) M.R. ADDRESS 3921 Ingomar St NW Wash D.C. DATE SIGNED 5-14-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 5/17/52 NAME OF CEMETERY OR CREMATORY St. Paul LOCATION (City, town, or county) Greenfield, Md. (State)

DATE REC'D BY LOCAL REG. 5-17-52 REGISTRAR'S SIGNATURE Helen Eckenfelder
24. FUNERAL DIRECTOR Robert L. Snowden - Rockville, Md ADDRESS

Per. L.G.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
MAY 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1321 Ingraham Street

3. NAME OF DECEASED: (Type or Print) (First) Vernon (Middle) Arthur (Last) Nichols

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 7-16-95
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Formerly President of Inc. Co.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? Amer.

13. FATHER'S NAME: Arthur Jeremiah Nichols
14. MOTHER'S MAIDEN NAME: Anne Belt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Washington San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause
(a) Mesenteric Thrombosis with massive hemorrhage ~~Rupture of myocardium~~ — Interval Between Onset and Death: Today
DUE TO Severe Arteriosclerosis Generalized
420.1
Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Coronary Thrombosis ~~with myocardial~~ — 10 days
DUE TO ~~infarction~~
(c) ~~Arteriosclerosis~~ Hypertension years — 10 days

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-30, 1952, to 5-9, 1952, that I last saw the deceased alive on 5-9, 1952, and that death occurred at 5:00 P.m., from the causes and on the date stated above.

SIGNATURE Arthur K. Meade M.D. (DEGREE OR TITLE) ADDRESS Takoma Park 12, Md. DATE SIGNED 5-9-52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF May 12th 1952 NAME OF CEMETERY OR CREMATORY Ft Lincoln Cem LOCATION (City, town, or county) Pr. Georges Co (State) Md

DATE REC'D BY LOCAL REG. 5/9/52 REGISTRAR'S SIGNATURE J. Wilm Dodd
24. FUNERAL DIRECTOR The S H Hines Co. 2901-14th St. N.W. Wash. D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 13 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

(5460)

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda; MARYLAND; LENGTH OF STAY (In this place) 7 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Alta Vista Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York; COUNTY Cayuga; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Auburn; STREET ADDRESS (If rural, give location) 6 Genesee Place.

3. NAME OF DECEASED (Type or Print): (First) Knut; (Middle) K; (Last) Nordeson

4. DATE OF DEATH: (Month) May; (Day) 3; (Year) 1952

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Jan. 24 1877

9. AGE last birthday: 75 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Deisel Engines

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Karl Nordeson

14. MOTHER'S MAIDEN NAME: Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 069-03-0189

17. INFORMANT AND ADDRESS: Tor Nordeson, 6003 Annistan Rd Beth. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Thrombosis	18 months
	(c) Coronary Occlusion	18 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to May 3, 1952, that I last saw the deceased alive on May 3, 1952, and that death occurred at 12:11 P m., from the causes and on the date stated above.

SIGNATURE: Robert J. Engle (Degree or title) M.D. ADDRESS 5029 Bethesda Ave Bethesda Md. DATE SIGNED 5/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial-transit; DATE THEREOF: 5-3-1952; NAME OF CEMETERY OR CREMATORY: Ft. Hill; LOCATION (City, town, or county) (State): Auburn, Cayuga Co. N.York

DATE REC'D BY LOCAL REG. 5/4/52; REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Robert A. Pumphrey; ADDRESS: Bethesda, Md.

RECEIVED
MAY 6
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05461

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda. LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crestview
STREET ADDRESS (If rural, give location) 4815 West Way Dr.

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) J. (Last) Norley
4. DATE OF DEATH (Month) May (Day) 19 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Nov. 17 1880
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired
10b. KIND OF BUSINESS OR INDUSTRY Upholstery
11. BIRTHPLACE (State or foreign country) Minn.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Martin Jensen
14. MOTHER'S MAIDEN NAME Enga Korsmo
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Son. Wm H. Norley 4815 West Way Dr Wash. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Thyroid adenoma

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 9 50 A.m., from the causes and on the date stated above.

SIGNATURE Elaine W Murphy MD (Degree or title) ADDRESS 4812 Ellicott St N W Washington DC DATE SIGNED 5-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial-Transit DATE THEREOF 5-20-52 NAME OF CEMETERY OR CREMATORY Duluth, Minn. LOCATION (City, town, or county) Duluth, Minn. (State)
DATE REC'D BY LOCAL REG. 5/21/52 REGISTRAR'S SIGNATURE Reddie M. Thompson
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 23 1907
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 162 14

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Maple Lane Nursing Home	STREET ADDRESS (If rural give location) 9807 Parkwood Dr.

3. NAME OF DECEASED (Type or Print)	(First) MARGARET	(Middle) J.	(Last) OLMSTED	4. DATE OF DEATH	(Month) 5 (Day) 15 (Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5 June 1874	9. AGE last birthday 77 yrs.	If under 1 year Months 11 Days 10 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) New York	12. CITIZEN OF WHAT COUNTRY? US		
13. FATHER'S NAME John H. Griffith	14. MOTHER'S MAIDEN NAME Elizabeth ?				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Joan O. Everhart-Same as item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) ACUTE MYOCARDITIS

422.2 Antecedent cause(s) (b) CHRONIC MYOCARDITIS

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. SENILITY

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify) NONE	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from APRIL 13 1952, to MAY 15, 1952, that I last saw the deceased alive on MAY 15, 1952, and that death occurred at 8:45 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Hengen Lowden	M.D	1603 19th N.W. WASHINGTON, D.C.	5-15-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial-Transit	5-17-52	Hope Cemetery	Corning, New York

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/16/52	Francis Potter	Robert A. Pumphrey	Bethesda, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 19 19[illegible]
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6323

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Takoma Park

LENGTH OF STAY (in this place): 43 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Washington San. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park

STREET ADDRESS (If rural, give location): 8521 Garland Ave.

3. NAME OF DECEASED (Type or Print): (First) Deborah (Middle) Anna (Last) Owen

4. DATE OF DEATH: (Month) 5 (Day) 17 (Year) 1952

5. SEX: Fe.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-6-86

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Wilkes Barre Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur W. Goodhand Sr.

14. MOTHER'S MAIDEN NAME: Mary E. Carter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

DUE TO

Antecedent cause(s) 416X — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Calcification of heart valves.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-1952 to 5/17/1952, that I last saw the deceased alive on 5/16/1952, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert A Hare M.D. ADDRESS Takoma Park. Md. DATE SIGNED 5/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): DATE THEREOF May 20th 1952 — NAME OF CEMETERY OR CREMATORY Glenwood Cem — LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. May 17 1952 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR The J. W. Hines Co. ADDRESS 2901-14th St N W Washington D.C.

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

'64

Reg. Dist. No. 216

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
LENGTH OF STAY (in this place): 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6059 River Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda
STREET ADDRESS (If rural, give location): 6059 River Rd.

3. NAME OF DECEASED (Type or Print): (First) Geneva (Middle) Frances (Last) Parker

4. DATE OF DEATH: (Month) May (Day) 6 (Year) 19 52

5. SEX: female

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 6, 1906

9. AGE last birthday: 45 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Isaac Clipper (deceased)

14. MOTHER'S MAIDEN NAME: Rosie Johnson (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY No.: —

17. INFORMANT AND ADDRESS: Harrison Parker, Jr

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Coronary occlusion — Interval between onset and death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b): chest
(c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Broccard (Degree or title): M.D. ADDRESS: Gaithersburg, Md DATE SIGNED: 5-6-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 5/10/52 | NAME OF CEMETERY OR CREMATORY: Seneca | LOCATION (City, town, or county) (State): Seneca, Md.

DATE REC'D BY LOCAL REG.: 5/12/52 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: Robert L. Snowden ADDRESS: Rockville, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MAY 14
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 211

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; LENGTH OF STAY (In this place) 5 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montg; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gaithersburg; STREET ADDRESS R.F.D. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Phillip (Last) PERRELL

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: 8-17-90

9. AGE last birthday: 61 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Hand

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel T. Perrell

14. MOTHER'S MAIDEN NAME: Mary C. Best

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 578-44-0500

17. INFORMANT AND ADDRESS: John P. Perrell, 4738 Woodbury Road, Riverdale, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	found dead in bed
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Bruschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-24-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF 27 May 1952; NAME OF CEMETERY OR CREMATORY Mount Olivet Cemetery; LOCATION (City, town, or county) Frederick, Maryland (State)

DATE REC'D BY LOCAL REG. 28 May 1952; REGISTRAR'S SIGNATURE Della W. Burdette

24. FUNERAL DIRECTOR ADDRESS M. R. Etchison & Son, Frederick, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 29 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 0546215

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural
LENGTH OF STAY (in this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 9496 Singleton Drive

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Camarillo (Last) PETIT

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 3, 1917
9. AGE last birthday: 35 yrs. IF UNDER 1 YEAR Months 00 Days 11 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Officer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps
11. BIRTHPLACE (State or foreign country): California
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alfred PETIT
14. MOTHER'S MAIDEN NAME: Rose CAMARILLO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II
16. SOCIAL SECURITY No.: - - - - - -
17. INFORMANT & ADDRESS: Wife: Yvonne PETIT,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Respiratory failure	10 minutes
223X Antecedent cause(s)	DUE TO (b) Postoperative brain tumor (right acoustic neuroma)	2 days.
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Brain tumor (right acoustic neuroma)	7 years.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12 May 1952
19b. MAJOR FINDINGS OF OPERATION: Acoustic neuroma, rightside
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14 19 52, to May 14, 19 52, that I last saw the deceased alive on May 14, 19 52, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

SIGNATURE E. P. THELEN, LCDR, MC/USN (DEGREE OR TITLE) ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED May 16, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF May 16, 1952
NAME OF CEMETERY OR CREMATORY
LOCATION (City, town, or county) (State) Camarillo, California

DATE REC'D BY LOCAL REG. May 16, 1952
REGISTRAR'S SIGNATURE Edith Whellington

24. FUNERAL DIRECTOR ADDRESS R. A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A18 8-51

RECEIVED
MAY 19 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville; MARYLAND; LENGTH OF STAY (In this place) 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS 400 E. Monty. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 6910 24th Ave

3. NAME OF DECEASED (Type or Print): (First) Stacy (Middle) T (Last) Potts

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 3 1911

9. AGE last birthday: 40 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrical engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk.

14. MOTHER'S MAIDEN NAME: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 214-03-9010

17. INFORMANT: Mrs. Stacy Potts wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — Interval Between Onset and Death: sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... — Interval Between Onset and Death: death

(c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank J. Broschart M.D. Gaithersburg Md 5-14-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 5/16/52

NAME OF CEMETERY OR CREMATORY: Arlington Mem'l.

LOCATION (City, town, or county) (State): Arlington, Va

DATE REC'D BY LOCAL REG. 5-15-52

REGISTRAR'S SIGNATURE: Helen S. Edenfield Asst. R.A.

24. FUNERAL DIRECTOR: W. R. Huntemann & Son

ADDRESS: 5732 Ga. Ave N.W. Wash. D.C.

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 38 15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1½ hrs.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rockville

STREET ADDRESS (If rural, give location): 1218 Rockville Pike

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
(none) (none) PRINCE	May 27, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Single	May 26, 1952	00 yrs.	00	00	01	43

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
None	- - - - - - - -	Maryland	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George R. M. PRINCE	Nancy TRUMBO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO	- - - -	- - - - - - -	Father: George R. M. PRINCE,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Failure of respiration	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Failure of lung expansion	1 hr. 43"
	DUE TO (c) Prematurity	

762.5

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Possible RH sensitivity

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 26, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 12:58 A m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
H. O. Randell	H. O. RANDELL, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND	May 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Disposal	May 28, 1952	U.S. Naval Medical School	Bethesda, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 27, 1952	Elliott Worthington	NONE	

5052232344

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2-17

1. PLACE OF DEATH
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OLNEY
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Montgomery County General Hospital, Inc.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Grove
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mildred	C	Ray	May	16	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Married	12-1-1906	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Maryland	U.S.A.

13. FATHER'S NAME: John Howes
14. MOTHER'S MAIDEN NAME: Mamie Wachter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	213 10 1990	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchogenic carcinoma of right lung	5 months
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma of right breast, with right radical mastectomy	5½ years
	(c) It is not clear whether (b) represents metastasis from (a)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1946. April, 1952	Right Radical mastectomy for carcinoma. Bronchoscopy, Biopsy, Exploratory Thoracotomy	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1, 1940, to May 16, 1952, that I last saw the deceased alive on May 16, 1952, and that death occurred at 10:01 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm A. Smithwick	M.D.	Rockville, Md.	5/17/52.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 19, 1952	Mt Carmel Mem'l	Montgomery Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-19-52	Gertrude B Lawlor	Roy W Barber	Laytonsville Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: Wash. Sanitarium
MONTGOMERY COUNTY Takoma Park MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md.
LENGTH OF STAY (in this place) 20 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. Hosp. Tk. Pk. Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Langley Park Md.
STREET ADDRESS (If rural, give location) 9404 Merrimac Ave #301

3. NAME OF DECEASED: (Type or Print) (First) IRENE (Middle) MARY (Last) REDMOND

4. DATE OF DEATH: (Month) (Day) (Year) MAY 27 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1-17-87
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Pittsburgh Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ANDREW WEIS
14. MOTHER'S MAIDEN NAME: MARGARET MILLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 181-20637
17. INFORMANT & ADDRESS: DAUGHTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Pulmonary Embolism
DUE TO
Antecedent cause(s) (b) Lymphic Sarcoma metastasis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (c) L. Chestwall H. lung

INTERVAL BETWEEN ONSET AND DEATH: 30 MIN. / 1 yea.

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Parkinsons disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952 to 5-27, 1952 that I last saw the deceased alive on 5-26, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.
SIGNATURE Paul Zanet (DEGREE OR TITLE) M.D. ADDRESS 4847 Delaware Wash. D.C. DATE SIGNED 5-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Transit Burial
DATE THEREOF May 27 1952
NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.
LOCATION (City, town, or county) (State) Pittsburgh Pa.
DATE REC'D BY LOCAL REG. MAY 27 1952
REGISTRAR'S SIGNATURE J. Milton Nodd
24. FUNERAL DIRECTOR The S. H. Hines Co. 2901 14th St. N.W. Washington D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1711

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 32 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San. & Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7503 Carroll Ave

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) (unnamed) Reiss

4. DATE OF DEATH: (Month) (Day) (Year) May 27 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 5-27-52

9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 32

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederic Charles Reiss

14. MOTHER'S MAIDEN NAME: Zelda E Forrester

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Records. Wash. San. & Hosp.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH: 32 MINUTES

DUE TO

Antecedent cause(s) (b) Atelectasis

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Prematurity

762.5

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MAY 27, 1952, to MAY 27, 1952, that I last saw the deceased alive on MAY 27, 1952, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE Orville R. Thompson, M.D. (DEGREE OR TITLE) ADDRESS Washington San & Hosp. Takoma Park DATE SIGNED May 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Cremation DATE THEREOF 5-29-52 NAME OF CEMETERY OR CREMATORY Washington San. & Hosp. LOCATION (City, town, or county) Takoma Park (State) 12 Md.

DATE REC'D BY LOCAL REG. May-29-1952 REGISTRAR'S SIGNATURE J. Helm Dodd

24. FUNERAL DIRECTOR Robert A. Hare M.D. ADDRESS Washington San. & Hospital

20523012 81

VS. A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Received from both parents

Written permission

Mrs. Reid

Mrs. Hilbert

Librarian

RECEIVED
JUN 2 1952
BUREAU V. S.

71

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS 11 E. Lenox St.	STREET ADDRESS (If rural, give location) 11 E. Lenox St.

3. NAME OF DECEASED (Type or Print) (First) HARRY (Middle) S. (Last) RIDGELY				4. DATE OF DEATH (Month) May (Day) 27, (Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Dec. 3, 1873	9. AGE last birthday 78 yrs.	If under 1 year Months 5 Days 24; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret-Attorney	10b. KIND OF BUSINESS OR INDUSTRY U.S. Gov't.	11. BIRTHPLACE (State or foreign country) Washington, D.C.		12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Wm. A. Ridgely		14. MOTHER'S MAIDEN NAME Ella Bowen			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Blanche R. Ridgely-same as item #2			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Emaciation Inanition	10 weeks.
330x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Subarachnoid Hemorrhage	4 months
	(c) Arteriosclerosis generalized.	24 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify) Fall — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home — (CITY OR TOWN) Chevy Chase — (COUNTY) Montgomery — (STATE) Md

TIME OF INJURY (Month) Jan (Day) 27, (Year) 1952 (Hour) 4:30 am — INJURY OCCURRED ~~While at Work~~ Not While At work ☑ — HOW DID INJURY OCCUR? Pulled on door which was not closed. Fell over backward

22. I hereby certify that I attended the deceased from Jan 27, 1952, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 5:30P. m., from the causes and on the date stated above.

SIGNATURE J. H. Richwine (Degree or title) MD — ADDRESS 5522 Western Ave Chevy Chase 15, Md — DATE SIGNED 28 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-30-52	NAME OF CEMETERY OR CREMATORY Glenwood Cemetery	LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG. 5/28/52	REGISTRAR'S SIGNATURE Bessie M. Thompson	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

172

Reg. Dist. No. 6

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (In this place) 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Chevy Chase Club

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Texas COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brownsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) D (Last) Rockenbach

4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan.27,1869
9. AGE last birthday 83 yrs. If under 1 year Months 3 Days 19 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired-Brig. Gen.
10b. KIND OF BUSINESS OR INDUSTRY U.S.Army
11. BIRTHPLACE (State or foreign country) Lynchburg, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank J. Rockenbach
14. MOTHER'S MAIDEN NAME Jane Nicholson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service) Spanish & WORLD Wars
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. W.H.Jordan 32 Courtland Apts. Lynchburg, Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: Found dead on bath room floor

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-16-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 20,1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington Virginia

DATE REC'D BY LOCAL REG 5/17/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 19 1952
BUREAU V. S.

173

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8027 Eastern Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8027 Eastern Ave.

3. NAME OF DECEASED (Type or Print): (First) Nancy (Middle) M. (Last) Rogers
4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 10/14/26
9. AGE last birthday: 25 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary
10b. KIND OF BUSINESS OR INDUSTRY: Muntz Television
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas P. Fleeson
14. MOTHER'S MAIDEN NAME: Kitty Mitchell Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-28-5626
17. INFORMANT AND ADDRESS 1230 Staunton Rd. Mr. Thomas P. Fleeson, Charleston, West Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thoracic hemorrhage due to bullet	sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Wound thru left chest	death
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bullet wound thru rt thigh

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Silver Spring (COUNTY) Monty (STATE) md
TIME OF INJURY (Month) (Day) (Year) (Hour) May 1-52 9:45 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Shot by husband

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.*

SIGNATURE (Degree or title) Frank J. Broschart M.D.
ADDRESS Gaithersburg md
DATE SIGNED 5-2-52

23. BURIAL, CREMATION REMOVAL, SHIPPING Trans.
DATE THEREOF 5/2/52
NAME OF CEMETERY OR CREMATORY H. Samson Funeral Home
LOCATION (City, town, or county) Pittsburg, (State) Pa.

DATE REC'D BY LOCAL REG. May 2/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Warner C. Pumphrey, ADDRESS 8434 Georgia Ave. Silver Spring, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

'74

Reg. Dist. No. 21-

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (In this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8027 Eastern Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8027 Eastern Avenue

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Dean (Last) Rogers

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4-26-1918

9. AGE last birthday: 33 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Radio Technician

10b. KIND OF BUSINESS OR INDUSTRY: Electrical

11. BIRTHPLACE (State or foreign country): Omaha, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard Lyman Rogers

14. MOTHER'S MAIDEN NAME: Ila Bridges

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 527-12-4532

17. INFORMANT AND ADDRESS: Mr. Wm. B. McKinney, 804 Easley St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Hemorrhage due to bullet wound — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Thru Skull

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9764

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home

(CITY OR TOWN): Silver Spring (COUNTY): Monty (STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour): May 1-52 9:45 P.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Frank J. Broccato M.D. ADDRESS: Gaithersburg md DATE SIGNED: 5-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE THEREOF: 5/7/52 NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery LOCATION (City, town, or county) (State): Arlington, Virginia

DATE RECD BY LOCAL REG.: 5/6/52 REGISTRAR'S SIGNATURE: Frances Potter

24. FUNERAL DIRECTOR: Warren E. Pumphrey ADDRESS: 8434 Georgia Ave. Silver Spring, Md.

RECEIVED
MAY 8 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

175

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 10406 Parkside Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural, give location) 10406 Parkside Ave.

3. NAME OF DECEASED (Type or Print) (First) Bernard (Middle) (NMI) (Last) Rome

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1952

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH March 7, 1893

9. AGE last birthday 59 yrs. If under 1 year Months 2 Days 17 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret- Capt. U.S. Army

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Isarel Rome

14. MOTHER'S MAIDEN NAME Rebecca Karsner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1 & 2

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Matie B. Rome-Same as item #2

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — sudden death

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy _, Inspection X, Inquiry _ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident _, suicide _, homicide _, undetermined _.*

SIGNATURE Frank J. Broschart (Degree or title) M.D. ADDRESS Gaithersburg Md DATE SIGNED 5-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 5-27-52

NAME OF CEMETERY OR CREMATORY Arlington National

LOCATION (City, town, or county) (State) Arlington, Virginia

DATE REC'D BY LOCAL REG. 5/25/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Robert A. Pumphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

MAY 27
BUREAU F. &

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS Form 1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

476

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 8800 1st Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 8800 1st Ave.

3. NAME OF DECEASED (Type or Print): (First) EUGENE (Middle) LEE (Last) SANDERS

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 31, 1870

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant

10b. KIND OF BUSINESS OR INDUSTRY: Southern Railway

11. BIRTHPLACE (State or foreign country): New Baltimore Virginia

12. CITIZEN OF WHAT COUNTRY? U S.

13. FATHER'S NAME: Richard Sanders

14. MOTHER'S MAIDEN NAME: Mary - unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Jane S. Leake, 8800 1st Ave. Silver Spring

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Pulmonary Hemorrhage	12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Carcinoma of Lung.	6 months
(c)		

162 K

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rt. Saphenous Phlebothrombosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour): m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 20, 1952 to May 26, 1952 that I last saw the deceased alive on May 26, 1952 and that death occurred at 11:25 P m., from the causes and on the date stated above.

SIGNATURE: Charles E. Hodson, M.D. (Degree or title) ADDRESS: 1827 23rd St. N.W. Wash. (State) DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)
Burial	5/29/52	Warrenton Cemetery	Warrenton, Virginia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/29/52	Frances Foster	Warner E. Pumphrey	8434 Georgia Ave. Silver Spring, Md.

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 77

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 3 mos. 21 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Calvert

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mutual

STREET ADDRESS (If rural, give location): - - - - -

3. NAME OF DECEASED: (Type or Print) (First) Iris (Middle) Irene (Last) SCANLAN

4. DATE OF DEATH: (Month) May 19, (Day) (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 21, 1905

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months 07 Days 28 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Tom IRVIN

14. MOTHER'S MAIDEN NAME: Mary BULLOCH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Husband: Fred J. SCANLAN,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) EXTREME CACHEXIA

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) MULTIPLE METASTASES

DUE TO

(c) ADENOCARCINOMA OF FALLOPIAN TUBE

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 28, 1952, to May 19, 1952, that I last saw the deceased alive on May 19, 1952, and that death occurred at 12:15 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

E. E. TEBOW, CDR, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. May 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 23, 1952

NAME OF CEMETERY OR CREMATORY: Arlington National

LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. May 19, 1952

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Gasch Funeral Home, 4739 Baltimore Ave., Hyattsville, Maryland

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MAY 22 1952
BUREAU V. S.

178

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: MONTGOMERY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: SILVER SPRING
LENGTH OF STAY (in this place): 14 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring
STREET ADDRESS (If rural, give location): 12500 Livingston Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
SARAH	OPAL	SCHLOFMAN	MAY	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white		12-24, 1883	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home		KANSAS	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JAMES TEMPLE	KATHERINE REA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		LEE SCOTT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Adenocarcinoma Colon — 14 months

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 6, 1951	Cancer of Colon - Colostomy Performed	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Jan 15, 1952, to May 4, 1952 that I last saw the deceased alive on May 3, 1952 and that death occurred at May 4, 5.25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John J. Curry M.D.	11301 Georgia Ave Silver Spring Md.	May 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-8-52	Geo. Washington Memorial Park	Montgomery Co. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/6/52	Frances Potter	Joseph Sauber Sons	Wash, D.C.

RECEIVED
MAY 8 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1357 Girard Street, N.W.

3. NAME OF DECEASED (Type or Print): (First) Christ (Middle) Karl (Last) SCHOCK

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 6, 1900

9. AGE last birthday: 51 yrs. IF UNDER 1 YEAR: Months 11 Days 01 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Marine Corps

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Not known

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Esther C. SCHOCK,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Infarction of left cerebellum and brain stem	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) cerebral thrombosis	
	DUE TO (c) arteriosclerosis	

332.2

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 19 52, to May 7, 19 52, that I last saw the deceased alive on May 7, 19 52, and that death occurred at 11:05 P.m., from the causes and on the date stated above.

SIGNATURE W. L. Dixon (DEGREE OR TITLE) W. L. DIXON, LTJG, MC, USNR ADDRESS U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED May 8, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 12, 1952 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Virginia

DATE REC'D BY LOCAL REG. May 13, 1952 — REGISTRAR'S SIGNATURE: Edith Whittington

24. FUNERAL DIRECTOR S. H. Hines Funeral Home, 2901 14th Street, N.W., Washington, D.C. — ADDRESS

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NOV. 12 1952
BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 208 East Hamilton St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 208 East Hamilton St.

3. NAME OF DECEASED (Type or Print): (First) Theresa Lavenia (Middle) (Last) Schrider

4. DATE OF DEATH: (Month) May (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 4/30/1876

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Vienna, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McCauley

14. MOTHER'S MAIDEN NAME: Mary L. Wells

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. James W. Scott, 208 East Hamilton St. Silver Spring, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure — Interval between onset and death: ½ hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-vascular disease — 15 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1947, to May 15, 1952, that I last saw the deceased alive on May 15, 1952, and that death occurred at 7.45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank G. Zack M.D. Silver Spring Md May 15, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 5/17/52 — NAME OF CEMETERY OR CREMATORY: St. John's Cemetery — LOCATION (City, town, or county) (State): Montgomery County, Md.

DATE RECD BY LOCAL REG. 5/16/52 — REGISTRAR'S SIGNATURE: Frances Fuller

24. FUNERAL DIRECTOR: Conner & Dunphrey — ADDRESS: 8434 Georgia Ave. Silver Spring, Maryland

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MAY 19 19
BUREAU V. S.

51

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH COUNTY Montgomery County 517 Albany St. Jr. Pk. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAKOMA PARK, MD.
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 517 Albany Ave

2. USUAL RESIDENCE (HOME) OF DECEASED STATE Washington COUNTY D.C.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 1383 Sheridan St NW

3. NAME OF DECEASED (Type or Print) (First) BERTHA (Middle) (Last) SCHWARTZ
4. DATE OF DEATH (Month) May (Day) 26 (Year) 1952

5. SEX F
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH March 3 1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Rabbi Greenspon
14. MOTHER'S MAIDEN NAME Mirian Greenspon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mae S Binon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Coronary thrombosis	3 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Arteriosclerotic heart disease	1+ years
(c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 24, 1951, to May 26, 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at 11 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
R. B. Norris M.D. 2204 R St. N.W. 8 Wash D.C. 5/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 28/52
NAME OF CEMETERY OR CREMATORY Bnair Israel Son
LOCATION (City, town, or county) Oxon Hill (State) Md

DATE REC'D BY LOCAL REG. May-26-1952
REGISTRAR'S SIGNATURE J. Wilson Dodd
24. FUNERAL DIRECTOR B. Danzansky & Son ADDRESS 3501-14 St N.W. Wash-D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 29 1952
BUREAU M. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 20 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park,
STREET ADDRESS (If rural, give location) 7407 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Ethel (Middle) Deane (Last) Seaman
4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Oct. 14, 1875
9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maine
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lewis M. Mooers
14. MOTHER'S MAIDEN NAME: Clara Belle Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Patient's Chart.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			Interval Between Onset and Death
Immediate cause	(a)	Uremia	5/25/52
174X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Adeno Carcinoma of Uterus & Extension	6/24/49
	DUE TO (c)	Gen Arteriosclerosis Cardio Vascular Disease	15 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7/28/49 + 5/20/52
19b. MAJOR FINDINGS OF OPERATION: Last Op. Spread of Malignancy - Obst to Uretus & Bladder
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/11, 1941, to 5/31, 1952, that I last saw the deceased alive on 5/31, 1952, and that death occurred at 11:23 a.m., from the causes and on the date stated above.

SIGNATURE H. T. Morse Md. (DEGREE OR TITLE) 7030 Carroll Ave. ADDRESS Takoma Park Md DATE SIGNED 5/31/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 2, 1952
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.
LOCATION (City, town, or county) (State) Pr Georges County, Md.

DATE REC'D BY LOCAL REG. May 31-1952
REGISTRAR'S SIGNATURE J. Nelson Dodd
24. FUNERAL DIRECTOR Arthur G. Fallers, 254 Carroll St. N.W., Takoma Park 12, D.C. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN 2 1952
BUREAU V. S.

53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park Md

LENGTH OF STAY (in this place) 62 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park.

STREET ADDRESS (If rural, give location) 7017 Sycamore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Mabel (Middle) Fredericka (Last) Shipp

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 1952

5. SEX: fe

6. COLOR OR RACE: White

7. SINGLE, ~~MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify): widow

8. DATE OF BIRTH: Jan. 25 - 1887

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: unemployed

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Webber (Germany)

14. MOTHER'S MAIDEN NAME: Christine Wenzel (Germany)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Washington San. & Hosp. records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 6 mos?

155X

DUE TO

Antecedent cause(s) (b) with Metastases

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-5-51

19b. MAJOR FINDINGS OF OPERATION: Ca. of Gall Bladder

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1947, to 5/1/, 1952, that I last saw the deceased alive on 5/1/, 1952, and that death occurred at 8:40 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Robert A. Hare MD. ADDRESS Takoma Park, Md. DATE SIGNED 5/1/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF May 3, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. May 12 1952

REGISTRAR'S SIGNATURE J. Nelson Dodd

24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS 300 - 4th St. N.E. Wash. D.C.

VS-A15 8-51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 5 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place) 46 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 4609 Cheltenham Drive

3. NAME OF DECEASED: (Type or Print) (First) Esther (Middle) L (Last) Simonton

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 2, 1908
9. AGE last birthday: 43 yrs. IF UNDER 1 YEAR Months 11 Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Dayton, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilbur Bell
14. MOTHER'S MAIDEN NAME: Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 298-05-5867
17. INFORMANT & ADDRESS: Reginald J.Simonton-Same as Item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastatic Carcinoma - [illegible] — INTERVAL BETWEEN ONSET AND DEATH 15 MO

153 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Growing in Large Intestine

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1951, to May, 1952, that I last saw the deceased alive on May 21, 1952, and that death occurred at 5:20 p.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS 8016 Kempton Road Bethesda DATE SIGNED 5/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF May 24,1952
NAME OF CEMETERY OR CREMATORY Rock Creek
LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 5/23/52
REGISTRAR'S SIGNATURE Bessie M. Thompson
24. FUNERAL DIRECTOR Roberts A. Pumphrey
ADDRESS Bethesda, Md.

M

1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10 [illegible]-51

RECEIVED
MAY 26 1952
BUREAU W. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 22 hours.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban Hospital	STREET ADDRESS (If rural, give location) 500 Warwick Pl.

3. NAME OF DECEASED (Type or Print) (First) Margaret (Middle) Calvert (Last) Smith.				4. DATE OF DEATH (Month) May (Day) 23 (Year) 1952	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct. 26 -	9. AGE last birthday 64 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Washington D.C	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Geo. S. Cooper.			14. MOTHER'S MAIDEN NAME Margaret Stier		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none		17. INFORMANT AND ADDRESS 9 Stuart St (Son.) Olin Smith Waldwick N.J.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CEREBRAL HEMORRHAGE	11 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ESSENTIAL HYPERTENSION	5 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN. 10, 1952, to MAY 23, 1952, that I last saw the deceased alive on MAY 23, 1952, and that death occurred at 9.40 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leo M. Curtis	M.D.	5707 Wisconsin Av. Chevy Chase, Md.	5/23/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 26, 1952	Glenwood	Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/25/52	Jessie M. Thompson	Robert A. Humphrey	Bethesda, Md.

RECEIVED
MAY 27 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 1mo. 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Silver Spring
STREET ADDRESS (If rural, give location) 8710 Flower Ave.

3. NAME OF DECEASED: (Type or Print) (First) Laura (Middle) — (Last) Spitalsky

4. DATE OF DEATH: (Month) 5 (Day) 15 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 5-8-90

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Examiner - U.S. Gov't.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wisconsin

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Brozek

14. MOTHER'S MAIDEN NAME: Catherine Sindler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Metastasis c̄ toxemia - Respiratory & Cardiac Arrest — Approx 5 Mon.

175X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Krukenberg tumor of right Ovary c̄ metastasis &

DUE TO (c) Lymphatic spread - Generalized edema - Ascites

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-19-52

19b. MAJOR FINDINGS OF OPERATION: Krukenberg Tumor Rt. Ovary c̄ Metastasis.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1952, to 5-14, 1952, that I last saw the deceased alive on 5-14, 1952, and that death occurred at 1:10 a.m., from the causes and on the date stated above.

SIGNATURE Wilford D. Meyers (DEGREE OR TITLE) M.D. ADDRESS 8619 Flower Ave. Takoma Park Md DATE SIGNED 5-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE THEREOF 5/17/52 NAME OF CEMETERY OR CREMATORY Wash Memorial Park LOCATION (City, town, or county) Prince Geo. (State) Maryland

DATE REC'D BY LOCAL REG. May 15 1952 REGISTRAR'S SIGNATURE J. Wilton Dodd

24. FUNERAL DIRECTOR Warner E. Cumphrey ADDRESS 8434 Sea Gue Silver Spring Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 20
BUREAU V. S.

'87

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH — COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring — LENGTH OF STAY (in this place): 3½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 1908 August Dr

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Silver Spring, Md
STREET ADDRESS (If rural give location): 1908 August Dr. SS, Md

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Charles Malcolm Stewart
4. DATE OF DEATH (Month) (Day) (Year): May 10 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 7 June 1866
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman
10b. KIND OF BUSINESS OR INDUSTRY: Bur. of Engraving
11. BIRTHPLACE (State or foreign country): Zanesville Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jeff Stewart
14. MOTHER'S MAIDEN NAME: ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: none
17. INFORMANT: wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis — 2 days

2 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 15 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 6 yrs

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Spring, 1949, to 10 May, 1952, that I last saw the deceased alive on 9 May, 1952, and that death occurred at 2 45 A m., from the causes and on the date stated above.

SIGNATURE: Martin L. White — (Degree or title): M.D. — ADDRESS: 9715 Georgia Ave, Silver Spring Md — DATE SIGNED: 10 May '52

23. BURIAL, CREMATION REMOVAL (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cem. — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: 5/10/52 — REGISTRAR'S SIGNATURE: Frances Potter — 24. FUNERAL DIRECTOR: W. W. Chambers Co. — ADDRESS: 5 N-N St. N.S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 13 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

COUNTY Montgomery MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville Md

LENGTH OF STAY (in this place) 7 Weeks

HOSPITAL OR INSTITUTION OR STREET ADDRESS Jelloff Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo

STREET ADDRESS (If rural, give location) 5924 Vale St

3. NAME OF DECEASED: (Type or Print) (First) Eleanor (Middle) Beatrice (Last) Suit

4. DATE OF DEATH: (Month) May (Day) 10, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec 25, 1886

9. AGE last birthday: 65 yrs.

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dayton Ohio

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: William Steplor

14. MOTHER'S MAIDEN NAME: Elizabeth Vullin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Evelyn Hoffman Tuxedo Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	5 min.
4204 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Generalized arteriosclerosis	Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 7, 1952, to May 10, 1952 that I last saw the deceased alive on April 22 1952 and that death occurred at 7 45 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M D ADDRESS 1009 Seminary Rd. Blackburn Md DATE SIGNED May 10, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 5/13/52

NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

LOCATION (City, town, or county) Bladensburg Md (State)

DATE REC'D BY LOCAL REG. May 12, 1952

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR [signature] Gasche sons Hyattsville Md ADDRESS

[signature] Frances Potter

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
MAY 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:
COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Sanitarium & Hospital Takoma Park, Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P Monty
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brookmont
STREET ADDRESS (If rural, give location) 6754 Potomac Drive.

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Parks (Last) Tallmadge

4. DATE OF DEATH: (Month) 5 (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.
8. DATE OF BIRTH: 1-16-70
9. AGE last birthday: 82 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Elect. Contractor.
11. BIRTHPLACE (State or foreign country): Columbus Ohio.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Theodore Tallmadge
14. MOTHER'S MAIDEN NAME: Harriet Parks.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Hospital Records.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Inanition
DUE TO
181X
Antecedent cause(s) (b) Arteriosclerosis (Generalized)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c) and azotemia

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Bladder (Squamous cell)

19a. DATE OF OPERATION: 3-28-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Bladder (squamous cell)
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1952, to 5-25, 1952, that I last saw the deceased alive on 5-22, 1952, and that death occurred at 11:05 p.m., from the causes and on the date stated above.

SIGNATURE Ferdinand Welcher M D (DEGREE OR TITLE) ADDRESS 1835 Eye St. N.W., Wash DC DATE SIGNED 5-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 5/28/52 — NAME OF CEMETERY OR CREMATORY Rock Creek Cem. — LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REG. May 22-1952 — REGISTRAR'S SIGNATURE J. Wilson Dodd — **24. FUNERAL DIRECTOR** Nalley's Funeral Home — ADDRESS 3200 R. I. Ave. Mt. Rainier, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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RECEIVED
MAY 29 1952
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville — LENGTH OF STAY (in this place) 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 Thomas Street	STREET ADDRESS (If rural, give location) 20 Thomas Street

3. NAME OF DECEASED (Type or Print)	(First) Stanley	(Middle) C.	(Last) TETLOW	4. DATE OF DEATH	(Month) May	(Day) 19	(Year) 19 52
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 7-20-1881	9. AGE last birthday 70 yrs.	If under 1 year Months 9	Days 29	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer	10b. KIND OF BUSINESS OR INDUSTRY Stationary	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Robert Tetlow	14. MOTHER'S MAIDEN NAME Annie Stouffer						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY No. 579-03-1866	17. INFORMANT AND ADDRESS Mrs. Nora M. Tetlow-Same Item #2					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinomatosis	6 mons
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Metastasis	6 mons
	(c) Carcinoma Prostate	8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1945	19b. MAJOR FINDINGS OF OPERATION C A Prostate	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1951, to 19 May, 1952, that I last saw the deceased alive on 18 May 1952, and that death occurred at 9:05 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	[signature]	Rockville Md	19 May 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 21, 1952	NAME OF CEMETERY OR CREMATORY Monocacy	LOCATION (City, town, or county) (State) Beallsville, Montg. Co. Md.
DATE REC'D BY LOCAL REG. 5-20-52	REGISTRAR'S SIGNATURE Helen S. Eckenfelder	24. FUNERAL DIRECTOR Robert A. Pumphrey	ADDRESS Bethesda, Md.

cmc

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 21 1952
BUREAU V. S.

Item 9-FilmG142 5/21/52 whw

05491

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. —

1. PLACE OF DEATH: COUNTY Montgomery, Colesville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 1 yr 4 mo, 2 ods
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffe Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Silver Spring RFD #2

3. NAME OF DECEASED (Type or Print) (First) Stella (Middle) Bringier (Last) Thach
4. DATE OF DEATH (Month) May (Day) 16 (Year) 1952

5. SEX female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH June 15, 1866
9. AGE last birthday ~~86~~ 85 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY None.
11. BIRTHPLACE (State or foreign country) Burnside La.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Col. Louis A Bringier
14. MOTHER'S MAIDEN NAME Stella Tureaud.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS copied from Records Jolliffe nursing home

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Arteriosclerosis	years
22.11 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	years.
(904.0)	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture - left femur

19a. DATE OF OPERATION April 18, 1952
19b. MAJOR FINDINGS OF OPERATION Fracture left femur
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/26, 1950, to 5/16, 1952, that I last saw the deceased alive on 5/15, 1952, and that death occurred at 3:40 pm., from the causes and on the date stated above.

SIGNATURE Aaron H. Traum (Degree or title) M.D. ADDRESS 8237 Georgia Ave - Silver Spring Md DATE SIGNED 5/16-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE THEREOF 5-19-52
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem
LOCATION (City, town, or county) (State) Suitland, Md.

DATE REC'D BY LOCAL REG. 5/16/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR Martin W [illegible]
ADDRESS 13[illegible] N.J. NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10
BUREAU N. S.

92

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 213

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 703 W. Montgomery Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockville
STREET ADDRESS (If rural, give location) 703 W. Montgomery Ave.

3. NAME OF DECEASED (Type or Print) (First) ELIZABETH (Middle) R. (Last) THOMPSON

4. DATE OF DEATH (Month) (Day) (Year) May 7, 1952 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 2, 1876
9. AGE last birthday 75 yrs. If under 1 year Months 8 Days 5 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Robertson
14. MOTHER'S MAIDEN NAME Rose Robertson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT Martha Hutchison- Same as item #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Found dead in bed

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. hypertension — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Frank J. Broschart M.D. (Degree or title) ADDRESS Gaithersburg Md DATE SIGNED 5-7-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial-Transit
DATE THEREOF 5-9-52
NAME OF CEMETERY OR CREMATORY Arlington Cemetery
LOCATION (City, town, or county) (State) Philadelphia, Pa.

DATE REC'D BY LOCAL REG. 5-8-52
REGISTRAR'S SIGNATURE Helen Eckenfelder per LVA
24. FUNERAL DIRECTOR Robert A. Humphrey ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda — LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bhevy Chase
HOSPITAL OR INSTITUTION OR STREET ADDRESS Waverley Sanitarium	STREET ADDRESS (If rural, give location) 4813 Leland Street

3. NAME OF DECEASED (Type or Print)	(First) Ethel	(Middle) Peck	(Last) TOTH	4. DATE OF DEATH	(Month) May	(Day) 13	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-9-1886	9. AGE last birthday 65 yrs.	If under 1 year Months 8	Days 4	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Govt. Clk.	11. BIRTHPLACE (State or foreign country) Boston, Mass.	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME Frederick Peck	14. MOTHER'S MAIDEN NAME Laura J. Pottle						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS George R. Toth-Same Item #2					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary thrombosis	4½ hours
420 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic myocardial insufficiency	3 years
	(c) Arterio-sclerosis	4 or 5 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1952, to May 13, 1952, that I last saw the deceased alive on May 13, 1952, and that death occurred at 12:45 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wheeler O. Huff	M.D.	Rockville Pike, Rockville, Md.	5-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation	DATE THEREOF May 16, 1952	NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory	LOCATION (City, town, or county) (State) Prince George, Maryland
DATE REC'D BY LOCAL REG. 5/14/52	REGISTRAR'S SIGNATURE [illegible]	24. FUNERAL DIRECTOR [illegible]	ADDRESS Bethesda, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 1

RECEIVED
MAY 16 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. ...5

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE North Carolina COUNTY Onslow
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda, Rural — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Camp Lejeune
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital	STREET ADDRESS (If rural, give location) Trailer 9, Trailer Park

3. NAME OF DECEASED (Type or Print)	(First) Michael	(Middle) Murry	(Last) VAN DAM	4. DATE OF DEATH (Month) May (Day) 4, (Year) 1952
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Mar. 31, 1949	9. AGE last birthday 03 yrs. If under 1 year Months 01 Days 03 If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Raymond VAN DAM		14. MOTHER'S MAIDEN NAME Joan VAN ZANTWICK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - - -	16. SOCIAL SECURITY NO. - - - - - - - -	17. INFORMANT AND ADDRESS Father: Raymond VAN DAM, same as item # 2		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary edema	unknown
916.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) 1st 2nd + 3rd degree burns over practically entire body and extremities	22 days
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home	(CITY OR TOWN) Camp Lejeune	(COUNTY) Onslow	(STATE) N.C.
TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 12-52 - 8:30 P m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Playing with matches - Clothes caught afire		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Frank J. Brosnhart M.D.		Gaithersburg Md	5-5-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF May 5, 1952	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Grand Haven, Michigan
DATE REC'D BY LOCAL REG. May 5, 1952	REGISTRAR'S SIGNATURE Edith Whittington	24. FUNERAL DIRECTOR Robert A. Pumphrey Funeral Home, Wisconsin Avenue, Bethesda, Maryland	ADDRESS 7557

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

RECEIVED
MAY 6
BUREAU U. S.

Item 9 Film G142 5/16/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH: COUNTY Mont MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jolliffs Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY MONTGOMERY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RFD Silver Springs
STREET ADDRESS (If rural, give location) Route 29

3. NAME OF DECEASED (Type or Print) (First) ANNIE (Middle) DENNY (Last) WARD
4. DATE OF DEATH (Month) 2/17 (Day) 10 (Year) 1952
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH UNKNOWN
9. AGE last birthday 82-8777 UNKNOWN yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Henry Ward
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	2 wks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypostatic Pneumonia	1 wk
	(c) Co	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast (left) c̄ metastases

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27 1950, to May 10, 1952, that I last saw the deceased alive on May 2, 1952, and that death occurred at 12 30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm Lachen Weinberg M.D. ADDRESS 4201 Mass. Ave. N.W. DATE SIGNED Wash (16), D.C.

23. BURIAL, CREMATION REMOVAL (Specify)
DATE THEREOF May 14 1952
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) Ft. Myer, Va. (State)
DATE REC'D BY LOCAL REG. May 12/52
REGISTRAR'S SIGNATURE Frances Potter
24. FUNERAL DIRECTOR Joseph Gawler Sons ADDRESS 1756 Pa NW DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

RECEIVED
MAY 14 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 5-431

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 1 mo 3 das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Virginia — COUNTY: Alexandria
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Alexandria
STREET ADDRESS (If rural, give location): 105 East Bellefont Avenue

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) (n) (Last) WEIR

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept. 11, 1916

9. AGE Last birthday: 35 yrs. — IF UNDER 1 YEAR: Months 08, Days 07 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - -

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Harry WEIR

14. MOTHER'S MAIDEN NAME: Mary CASH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) YES (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Grace H. WEIR,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Paralytic ileus

DUE TO

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Acute idiopathic pancreatitis

DUE TO

(c) Unknown

511.0

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 8, 1952

19b. MAJOR FINDINGS OF OPERATION: Subtotal gastrectomy for ulcer duodenum & hemorrhage

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 10, 19 52, to May 18, 19 52, that I last saw the deceased alive on May 18, 19 52, and that death occurred at 2:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

John E. McClenathan
J. E. MC CLENATHAN, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. May 19, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: May 19, 1952

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Lynchburg, Virginia

DATE REC'D BY LOCAL REG.: May 19, 1952

REGISTRAR'S SIGNATURE: Edward L. Pellington

24. FUNERAL DIRECTOR ADDRESS: W. W. Chambers Funeral Home, 517 11th Street, SE, Washington, D.C.

RECEIVED
MAY 20 1952
BUREAU V. S.

Item 9 FilmG,142 5/19/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 212

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Montgomery; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS R.7.D.#2

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dickerson; STREET ADDRESS (If rural, give location) R.7.D.#2

3. NAME OF DECEASED (Type or Print): (First) Nannie (Middle) Elizabeth (Last) Williams

4. DATE OF DEATH: (Month) May (Day) 7 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 18, 1867

9. AGE last birthday: 85 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Betters

14. MOTHER'S MAIDEN NAME: Nancy Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service: No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs Sadie Williams

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Dissecting Aneurysm of Aorta — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b) Hypertensive heart disease

443X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None (CITY OR TOWN) None (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April, 1950, to 7 May 1952, that I last saw the deceased alive on 6 May, 1952, and that death occurred at 12:10A m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS Bay of Mal DATE SIGNED 7 May 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 5/10/52 — NAME OF CEMETERY OR CREMATORY Martinsburg — LOCATION (City, town, or county) Martinsburg, Md (State)

DATE REC'D BY LOCAL REGISTRAR: May 11, 1952 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR Robert L. Snowden — ADDRESS Rockville, Md

VS. A

RECEIVED
MAY 14 1952
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 211

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 7

1. PLACE OF DEATH: COUNTY Montgomery Co MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg; LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery Co; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Gaithersburg Rt 9; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) RACHEL (Middle) IRINE (Last) WILLIAMS

4. DATE OF DEATH: (Month) MAY (Day) 26 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 11-1911

9. AGE last birthday: 40 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife Own Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James J Darby

14. MOTHER'S MAIDEN NAME: Cinnie Riggs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT AND ADDRESS: Cinnie Riggs Darby

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Septicemia, generalized. — Interval between onset and death: 3 weeks

(2) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Breast abscess, rt. breast. — 2 months

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. M-I nutrition

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1946, to May 26 1952, that I last saw the deceased alive on May 26, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE: James B. Kerr (Degree or title) M.D. ADDRESS: Damascus, Md. DATE SIGNED: 5/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: May 29 1952 | NAME OF CEMETERY OR CREMATORY: Brookgrove | LOCATION (City, town, or county) (State): Montgomery Co Md

DATE REC'D BY LOCAL REG.: May 28 1952 | REGISTRAR'S SIGNATURE: Della N. Burdette | 24. FUNERAL DIRECTOR: Roy W Barber | ADDRESS: Hyattstown Md

RECEIVED
JUN 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk, Md. — LENGTH OF STAY (in this place) 1 mo 9 da

HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. San & Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md — COUNTY Montgomery

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Pk, Md

STREET ADDRESS (If rural, give location) 404 Boyd Ave

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Clara	none	Woodall	May	2	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	W	12-29-67	84 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	—	Limestone, Me	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hiram Paul	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Mr. H. L. Durepo - 408 Boyd Ave Tak. Park

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 4290	(a) Myocardial insufficiency	2 mo.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive arteriosclerotic heart disease	Years
	DUE TO (c) Generalized arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: Anemia and Hepato megaly — 6 mo.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29, 1952, to 5-2, 1952, that I last saw the deceased alive on 5-2, 1952, and that death occurred at 10:12 a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
William H. Brook	M.D.	7701 Goodall Ave. Takoma Pk Md	5/2/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial - transit	May 5-1952	Friends Cemetery - Springfield	North Carolina	

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 2-1952	J. Thomas Nedd	F. Stuart Masters	254 Carroll St. Takoma Park 26

RECEIVED
MAY 5 1952
BUREAU V. S.

(111)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH: COUNTY Montgomery Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
LENGTH OF STAY (in this place) 55 min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington San. and Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Ge. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) Riggs Rd & Adelphi Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) Male Infant Wright

4. DATE OF DEATH (Month) (Day) (Year) May 17 1952

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 17, 1952
9. AGE last birthday 0 yrs. If under 1 year Months 0 Days 0 If under 24 hrs. Hours 0 Min. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Takoma Park Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Newell Gaylord Wright
14. MOTHER'S MAIDEN NAME Margaret Orena Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Washington San. & Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Unknown

773.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) P

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Polyhydramines - Mother Had.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 17, 1952 to May 17, 1952, that I last saw the deceased alive on May 17, 1952, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE Emma Hughes (Degree or title) M.D. ADDRESS Takoma Park, Md DATE SIGNED 5-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 19, 1952
NAME OF CEMETERY, OR CREMATORY George Washington Cem.
LOCATION (City, town, or county) (State) Ridgeroad, Pr. Ge. Co. Md.

DATE REC'D BY LOCAL REG. May 18 1952
REGISTRAR'S SIGNATURE J. Helen Dodd
24. FUNERAL DIRECTOR [illegible] ADDRESS 234 Carroll St. N.W. Takoma Park 12, D.C.

44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 415

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Montgomery MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Suburban

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bethesda
STREET ADDRESS (If rural, give location) 8708 Melwood Road

3. NAME OF DECEASED (Type or Print): (First) Lawson (Middle) Leith (Last) Wright
4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 19, 1876
9. AGE last birthday: 76 yrs. If under 1 year: Months 2 Days 7 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railway Express Agent (Retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Mason, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: R. C. Wright
14. MOTHER'S MAIDEN NAME: Sarah Morgan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS: Mrs. Mary A. Harper-Same #2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Occlusion rt. circumflex Coronary Artery	One hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Asthma, bronchial severe	16 yrs.
	(c) Miliary Tuberculosis, both lungs severe healed	20 yrs?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Anterior Infarction left ventricle

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) —
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... , 1950., to May 26., 1952, that I last saw the deceased alive on May 25., 1952 and that death occurred at 8 20 a.m., from the causes and on the date stated above.

SIGNATURE Stewart Blake (Degree or title) M.D. ADDRESS 3921 Ingomar St NW Wash DC DATE SIGNED 5-26-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: May 28, 1952
NAME OF CEMETERY OR CREMATORY: Nat. Memorial Park
LOCATION (City, town, or county) (State): Falls Church Virginia

DATE REC'D BY LOCAL REG. 5/27/52
REGISTRAR'S SIGNATURE Louis M. Thompson
24. FUNERAL DIRECTOR: Roberts A. Dunphrey ADDRESS Bethesda, Md.

S. A15

RECEIVED
MAY 29 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Montgomery — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural

LENGTH OF STAY (in this place): 1 mo 3 das

HOSPITAL OR INSTITUTION OR STREET ADDRESS: U. S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: N.C. COUNTY: Wilkes

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Wilkesboro, Rural

STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Bernard (Last) YATES

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: May 28, 1933

9. AGE last birthday: 18 yrs. IF UNDER 1 YEAR: Months 11 Days 18 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Enlisted Man

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Ulles O. YATES

14. MOTHER'S MAIDEN NAME: Nellie GRADEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT & ADDRESS: Naval Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Lymphatic Leukemia — 2 mos.

204.0

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 13, 19 52, to May 16, 19 52, that I last saw the deceased alive on May 16, 19 52, and that death occurred at 6:05 A m., from the causes and on the date stated above.

SIGNATURE: A. E. Marland

(DEGREE OR TITLE) ADDRESS: A. E. MARLAND, LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MARYLAND

DATE SIGNED: May 17, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: May 16, 1952

NAME OF CEMETERY OR CREMATORY:

LOCATION (City, town, or county) (State): North Wilkesboro, N.C.

DATE REC'D BY LOCAL REG. May 17, 1952

REGISTRAR'S SIGNATURE: Edith [illegible]

24. FUNERAL DIRECTOR ADDRESS: Robert A. Pumphrey Funeral Home, 7557 Wisconsin Avenue, Bethesda, Maryland

RECEIVED
MAY 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 015503

CERTIFICATE OF DEATH

Reg. Dist. No. 215

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Montgomery — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Bethesda, Rural
LENGTH OF STAY (in this place): 25 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: U.S. Naval Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: D.C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1318 Harvard Street, N.W.

3. NAME OF DECEASED: (Type or Print) (First) Cyril (Middle) Sifritt (Last) YAZEL

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 18, 1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR: Months 06 Days 09 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Not known

10b. KIND OF BUSINESS OR INDUSTRY: - - - - - - - - -

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William F. YAZEL

14. MOTHER'S MAIDEN NAME: Laura E. SIFRITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO
(If Yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO.: - - - - - -

17. INFORMANT & ADDRESS: Wife: Maude A. YAZEL,

18. MEDICAL CERTIFICATION same as item # 2

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Emphysema, pulmonary	5 years
241X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) asthma	40 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 19 52, to May 27, 19 52, that I last saw the deceased alive on May 27, 19 52, and that death occurred at 8:20 P.m., from the causes and on the date stated above.

SIGNATURE: S. R. Mills Jr. (DEGREE OR TITLE) ADDRESS: S. R. MILLS, Jr., LT, MC, USN U.S. NAVAL HOSPITAL, BETHESDA, MD. DATE SIGNED: May 28, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF: May 28, 1952 — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG.: May 28, 1952 — REGISTRAR'S SIGNATURE: Earl Whittington

24. FUNERAL DIRECTOR ADDRESS: S. H. Hines Funeral Home, 2901 14th Street, NW, Washington, D. C.

RECEIVED
JUN 3 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

055504

Reg. Dist. No. 216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; MARYLAND; LENGTH OF STAY (In this place) 6 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5803 Kirkside Dr

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Monty; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chevy Chase; STREET ADDRESS (If rural, give location) 5803 Kirkside Dr.

3. NAME OF DECEASED (Type or Print): (First) Marion (Middle) John (Last) Zavitz.

4. DATE OF DEATH: (Month) May (Day) 21 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 3-25-1893

9. AGE last birthday: 59 yrs. If under 1 year: Months 1, Days 16; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Middletown, Penna.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Lemuel John

14. MOTHER'S MAIDEN NAME: Sarah Edith John

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Austin Stone-bro. 866 Nat. Press Bldg. Wash. 4, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon monoxide poisoning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

E91.0

INTERVAL BETWEEN ONSET AND DEATH: Found dead in garage

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Chevy Chase (COUNTY) Monty (STATE) Md

TIME OF INJURY (Month) May (Day) 21 (Year) 52 (Hour) 9 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Was running motor to charge battery

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Frank J. Bouchard (Degree or title) M.D. ADDRESS: Gaithersburg Md DATE SIGNED: 5-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation; DATE THEREOF: 5-22-52; NAME OF CEMETERY OR CREMATORY: J. Wm. Lee's Sons; LOCATION (City, town, or county) (State): Washington, D.C.

DATE REC'D BY LOCAL REG. 5/28/52; REGISTRAR'S SIGNATURE: Bessie M. Thompson

24. FUNERAL DIRECTOR: J. Wm Lee's Sons Co. ADDRESS: 300-4th St. N.E. Washington D.C.

RECEIVED
JUN 2 1952
BUREAU V. S.